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SECRETARY OF STATE

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TO:

Registration Section

Tallahassee. FL 32314

Division of Corporations

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	YICXY PRINGLE		
		Name of Person	
		Firm/Company	
	27101 US-27		<u></u>
		Address	
	LEESBURG, FL. 34748		
	YICXYPB1969@gmail.com		
		to be used for future annual report no	tification)
	oncerning this matter, please ca		
YICXY PRINGLE		407 790-0815 at () Area Code Dayti	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	I allahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEINTY HOLDINGS III, LLC (Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ounted Liability Company)	r records.)
The Articles of Organization for this Limited Liability Complorida document number L22000308978		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	fice address on our records	, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		. 11
	Enter Florida stre	
	City	Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN VOSS	27101 US-27	
		LEESBURG, FL. 34748	□Remove
			□ Change
			□Add
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ttective date, it other than the an effective date is listed, the date must	date of Hing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 60.	5.0207 (
ote: If the date inserted in this ble	ock does not meet the applicable :	statutory filing requirements, this date will not be list	ted as t
ocument's effective date on the De	partition of State's records.		
and the other conditions of the other	. days have a second off action discount	a 12/01 come on the applicance (b). The Often day after	or tho
record specifies a delayed effective Lis filed.	rane, but not an effective time, i	it 12:01 a.m. on the earlier of: (b) The 90th day after	LITTIC
ated OCTOBER 17	2022		
fill.	<u> </u>		
(li, 1/11)	Signature of a member or authorized		

Typed or printed name of signee