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## **COVER LETTER**

Registration Section

Division of Corpo	rations		
SUBJECT: NEA	T - COAS	T SOFT V	VASA, LLC
The enclosed Articles of An			
Please return all corresponde	ence concerning this matter	to the following:	
1	Octav	Name of Person	rrez_
	1//2/5 31	Firm/Company	
<b>!</b>	1930 N	E 33 = 57.	5
·	Pompano	Peach FC: City/State and Zip Code	33064
	gutire	s man Ogmail Ca	<u>2171                                   </u>
1	E-finail address: (to	o be used for future annual report notific	eaction)
if For further information conc	erning this matter, please ca	ill:	ز
Octavio G Name of Pe	utierrez_	at (56) 305- Area Code Daytime	80 75 Telephone Number
Enclosed is a check for the fi	ollowing amount:		
•	S30.00 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)
Malling Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810
			Feb. 23 23
			F.B. 23.23

## Articles of Amendment

to Articles of Incorporation

NEAT-COAST SOF	F WASA, LLC	,
(Name of Corporation as currently	filed with the Florida Dept.	of State)
L 22006 35 63 8	Corporation (if known)	
· ·	-	one the full outing amendment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	lorida Proju Corporation 800	opis the following amendment(s) to
A If amending name, onter the new name of the corporation:	Enhancem	en CCM new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" of professional corporation na	or the abbreviation "Corp.," me must contain the word
B. Enter new principal office address, if applicable:	NA	202
(Principal office address MUST BE A STREET ADDRESS)	7	
	]	
C. Enter new mailing address, if applicable:	NIA	:
(Mailing address MAY BE A POST OFFICE BOX)		· ·
D. If amending the registered agent and/or registered office add	ress in Florida, enter the nar	ne of the
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent V		
(Clarida et	reet address)	
(Fioriau sii	reer unareasy	. Florida
New Registered Office Address:	(City)	(Zip Codz)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t;</u> with and accept the obligation	ns of the position.
W/A	Registered Agent, if changing	
Signature of New	Registered Agent, if changing	
Check if applicable		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inse	her than the date of filitied, the date must be specific at erted in this block does not date on the Department of	meet the applicable	ne of filing or more than statutory filing require	(optional) O days after filing.) Pur ments, this date will	suant to 605.020 not be fisted a
ecord specifies a do is filed.	elayed effective date, but no	ot an effective time.	at 12:01 a.m. on the ea	urlier of: (b) The 90	th day after the
ned Febru	uary 23	2023			

Filing Fee: \$25.00