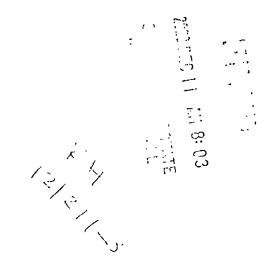
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





12/11/23--01008--002 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: NELBI GR	OUPLLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	BIBIANA HERNANDEZ				
		Name of Person			
	NELBI GROUP LLC				
		Firm Company			
	4474 WESTON RD #1022	2			
		Address			
	DAVIE, FL 33331				
		City/State and Zip Code			
	nelbigroupllc@hotmail.com	to be used for future annual report notif	ication)		
For further information c	oneerning this matter, please co			2527.556 11	. · •=
BIBIANA HERNANDE	Z	at (954) 864-5788		3.50	
	f Person	Area Code Daytime	Telephone Number		. •
Enclosed is a check for the	ne following amount:			: 3: 04 :::::::::::::::::::::::::::::::::::	ا امام
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, 155 e of Status &	
Mailing Addres	is:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELBI GROUP LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L22000365258	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<del></del>
	<del> </del>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
wanting address with BETH OST OFFICE BOXY		, 73
	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registered
agent and/or the new registered office address nere	•	
Name of New Registered Agent:		
		1::: 0
New Registered Office Address:	Enter Florida street address	Lt.
	, Flori	da

## 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
AMBR	VIVIAN C MARTINEZ	8871 SW 23RD ST	<b>∃</b> Add
		MIRAMAR, FL 33025	□Remove
			☐ Change
<del></del>		<del></del>	□ Add
			□Remove
			□Change
			□Add
			[.] Remove
			☐ Change
	<del></del>		□Add .
			Remove (2)
			Remove
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ffective date, if other th	ıan the date of fili	ing:		(optional)	
an effective date is listed, the ote: If the date inserted in	date must be specific a 1 this block does no	ind cannot be prior to t meet the applicab	date of filing or more the de statutory filing requ	in 90 days after filing.) firements, this date w	rursuaแนง ธนุญว vill not be listed
ocument's effective date of	n the Department of	f State's records.	, , ,		그림 유
record specifies a delayed	effective date, but n	ot an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
is filed.					
ated DECEMBER 5TH		2023	- ·		
	1	7/2			
	( ) ( ) ( ) ( ) ( )	17 7-1			
	Signature of	a member or authori	zed representative of a n	nember	
	Signature of	a member or authori	zed representative of a n	nember	