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Special Instructions to F	filing Officer:	





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ACCESS, ____

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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		PICI	K UP:	09/01/2022	<u></u>	
		CERTIFIED COPY				
	XX	РНОТОСОРУ				
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	XX	FILING	AMEN	NDMENT		<u> </u>
1.		Nakis LLC (CORPORATE NAME AND DOCUME	MENT #)		·	
2.		(CORPORATE NAME AND DOCUME	MENT #)			
3.		(CORPORATE NAME AND DOCUME	MENT #)			
4.		(CORPORATE NAME AND DOCU	MENT #)	 -		
5.		(CORPORATE NAME AND DOCU!	MENT #)			
6.		(CORPORATE NAME AND DOCUME	MENT #)			
	ECIA STRU	L ICTIONS:				
						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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NAKIS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEGMENTALLY OF STATE TALLAHASSEE, FI

on Bouletoned Annual Clause of the Land of Decision	City	Zip Code	
_	, Floric		
New Registered Office Address:	Enter Florida street address		
Name of New Registered Agent:			
 If amending the registered agent and/or regist gent and/or the new registered office address he 	ered office address on our records, <u>enter the</u> re:	e name of the new regist	
Mailing address MAY BE A POST OFFICE BOX	0	_	
Enter new mailing address, if applicable:		- <u>-</u>	
Principal office address MUST BE A STREET AL	DDRESS)		
Enter new principal offices address, if applicable	:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."	
A. If amending name, enter the new name of the	limited liability company here:		
This amendment is submitted to amend the followin	g:		
Florida document number 122000375641	·		
The Articles of Organization for this Limited Liabili		and assigned	

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>	Name	Address	Type of Action
MGR	MARTIN BELTON	401 SW 4TH AVENUE	
		#1005	□Remove
		FT LAUDERDALE, FL 33315	-
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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			□Remove
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(If an effective date is listed, the date must	ck does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3)(ling requirements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
Dated AUGUST 31	2022	
/S/MARIA L. CAMP	IANI	
	ignature of a member or authorized representati	ve of a member
MARIA L. CAMPIANI		
	Typed or printed name of signee	

Filing Fee: \$25.00