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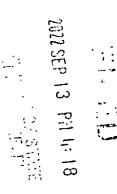
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A. BUTLER
DEC - 8 2022

COVER LETTER

A . I	oerhan Holdings LLC			
SUBJECT:	Name of Lim	ited Liability Company		_
	les of Amendment and fee(s) are sub	_		
Please return all co	rrespondence concerning this matter	to the following:		
	Michael Bennici			
		Name of Person		<u>.</u>
	Nepperhan Holdings LLC			
		Firm/Company	,	
	8 Long Lake Way			
		Address		_
	Palm Coast, FL 32137			
	mikebennici@yahoo.com	City/State and Zip Code	- 1	
	•••	to be used for future annual i	report notification)	_
For further informa	ation concerning this matter, please co	all:		
James Bradshaw			3-0987	
ì	Name of Person	at () Area Code	Daytime Telephone Num	ber
Enclosed is a chec	k for the following amount:			
≡ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certif losed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
\$4	A diduosos	Samuel Ad	ld woods	

Mailing Address:

TO:

Registration Section
Division of Corporations

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

Street Address:

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

Neppernhan Holdings LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) Florida document number _L22000381400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nepperhan Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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
			🗀 Add
			□ Remove
		☐ Change	
			□ Remove
			Change
			□Add
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			Change

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(If an effective Note: I	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Signature of a member or authorized representative of a member
	Michael Bennici
	Typed or printed name of signee

Filing Fee: \$25.00