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1/28/2023

COVER LETTER

TO:

	Registration Se Division of Cor		·	٠		
eun iez	Nakatomi I	Designs, LLC				
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Victor Lee Chapman				
			Name of Person	-		
		Barrett, Chapman & Ruta	P.A.			
			Firm/Company			
		18 Wall Street				
			Address			
		Orlando, Florida 32801				
			City/State and Zip Code			
		ronnybogani@icloud.com				
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please co	all:			
Victor L	ee Chapman		407 257-2394			
	Name o	f Person		ne Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.0	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 Address: Registration Section		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Co	Division of Corporations		
	P.O. Box 632 Tallahassee, I		The Centre of 1			
	i ananassee, i	L 32314	Z415 M. MIONEC	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAKATOMI DESIGNS LLC 2022 NOV -8 PH 12: 07 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALEABASSEE FL The Articles of Organization for this Limited Liability Company were filed on 09/22/2022 Florida document number L22000415184 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nakatomi Designers, 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

__. Florida ___

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
		 	Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Remove
			□ Change

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Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not leave.	be listed as the
document's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	O l
rd is filed.	iy after the
November 7	
Dated November 7 . 2022	
Karald Dogowi	
Signature of a member or authorized representative of a member	

Typed or printed name of signee