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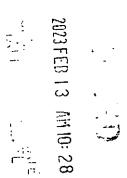
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

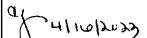
Office Use Only



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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ct: <u>NI -</u>	SHAE X NOA	1 REAL ESTAT	ELLC
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please n	etum all corresp	ondence concerning this matter	r to the following:	
		Michenzy	Ricce Giles	
Division of Corporations SUBJECT: NI - 5HAE X NON REAL ESTATE LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nickenty Ricce Gives Name of Person				
		7016 Chas	leston Shores B	102, #1021
		Lalse Wort	K FL 33467 City/State and Zip Code	·
			•	
For furtl	her information of	concerning this matter, please o	call:	
Mic	Game of Value of	of Person	at (561) 425 Area Code Daytime	- 8354 e Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:

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

MI-SHALX NO	N KELL ES	A1 5 6 702 TFER 13 AM 10: 20
(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	empany were filed on\	$0/03/2022$ and assigned $\frac{1}{2}$
The Articles of Organization for this Limited Liability Company were filed on 10/03/2>22 and assigned and assigned florida document number 122000 426836 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NI - SHAE X NON LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 Agent: New Registered Office Address: New Registered Office Address: **InterFlorida street address** **InterFlorida street addres		
•		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	of Organization for this Limited Liability Company were filed on 10/03/2022 and assigned ment number \(\to 220004 26836 \) ment is submitted to amend the following: ling name, enter the new name of the limited liability company here: \(\to I - SHAE \times NON LLC \) must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." brincipal offices address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Pie.	, Florida
	Ciù,	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			ClChange
			□Add
			□Remove
			□ Change
			⊡Add
			□Remove
			☐ Change
			□Add
			□Reniove
			Change

•	
reffecti <u>te:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
cd	02/09/2023, 609, 2023.
	- Randel
	Signature of a member or authorized representative of a member