

11/1/22 11:34 AM

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L22000449731**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

2022 NOV - 1 AM 7:01  
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 SECRETARY OF STATE  
 TALLAHASSEE, FL

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NOLAD LLC**

Certificate of Status	0
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C. BRUMBLEY

NOV - 3 2022

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOLAD 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:

LUIS EDUARDO GUEVARRA

\_\_\_\_\_  
Name of Person

NOLAD LLC

\_\_\_\_\_  
Firm/Company

465 SWALLOW DR. APT. 103

\_\_\_\_\_  
Address

MIAMI SPRINGS, FL. 33166

\_\_\_\_\_  
City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DO GUEVARRA at ( 786 ) 953-4779  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

NOLAD LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/19/2022 and assigned  
Florida document number 1.22000449731.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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TALLAHASSEE, FL

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:

LUIS EDUARDO GUEVARRA

New Registered Office Address:

465 SWALLOW DR. APT. 103

*Enter Florida street address*

MIAMI SPRINGS

Florida

33166

*City*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HERIDIA DAYANNIRA ESCALZ	465 SWALLOW DR. APT. 103	<input type="checkbox"/> Add
		MIAMI SPRING, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS EDUARDO GUEVARRA	465 SWALLOW DR. APT. 103	<input checked="" type="checkbox"/> Add
		MIAMI SPRING, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: OCTOBER 27, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 27, 2022

Signature of a member or authorized representative of a member

LUIS EDUARDO GUEVARRA

Typed or printed name of signee