L22000516168

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10/21/24--01018--014 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Greg Herrera			
		Name of Person		
		Firm/Company		
	4025 SW 96 Ave			
		Address		
	Miami, FL. 33165			
	gregherreracpa@gmail.com			
Ĺ	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Greg Herrera		786 290-4942 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	 .
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration St. Division of C. P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAL GROUP LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on our record liability Company)	ds.)
The Articles of Organization for this Limited Li	ability Company	were filed on 12/08/2022	and assigned
Florida document number L22000516168	,		
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	4025 SW 96 Ave.	
Principal office address MUST BE A STREE	T ADDRESS)	Miami, Fl. 33165	
Enter new mailing address, if applicable:		4025 SW 96 Ave.	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Miami, Fl. 33165	6,7
			<u>.</u>
3. If amending the registered agent and/or re	egistered office :	address on our records, enter	the name of the new regist
gent and/or the new registered office addres			₹.
Name of New Registered Agent:			
	1005 (30) 07 1		
New Registered Office Address:	4025 SW 96 A	ve. Enter Florida street addre	ss
	Miami		lorida <u>33165</u>
		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.

f amending Authorized Person(s) authorized to manage	e, enter the title, name	e, and address of each person	being added
or removed from our records:			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		<u> </u>	□Remove
			□Change
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	J.c.
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Officetive date if other than the date of filing:	
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than the state of the date inserted in this block does not meet the applicable statutory filing requires.	(optional) 90 days after filing.) Pursuant to 605.02
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Filing Fee: \$25.00