L22000532000

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	-
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Registration Section

Tallahassee, FL 32314

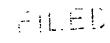
TO:

Division of Cor	porations		
4256 LAFA SUBJECT:	YETTE ST. MARIANNA FL		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	Jared Jackson		
		Name of Person	
	4256 LAFAYETTE ST. M	ARIANNA FL LLC	
		Firm/Company	
	215 W. COLLEGE AVE. I	JNIT 402	
		Address	
	TALLAHASSEE, FL 3230)1	
		City/State and Zip Code	
	j_jared@ymail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Jared Jackson		850 528-0024 at ()	
Name o	f Person	Area Code Daytii	me 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Solution of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 JAN 31 AH II: 59

4256 LAFAYETTE ST. MARIANNA FL 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 Compa	ny were filed on 12/20/2022	and assigned
Florida document number L22000532000 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
NW Florida Capital LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or	r 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flori	da
	City:	Zin 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 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
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			Change
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			□Remove
			□ Change
			□Remove
			□Change

If ame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing:
he record ord 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]	anuary 31st 2024
	Signature of a member or authorized representative of a member
	Jared Jackson Typed or printed name of signce