L23000013908

(Requestor's Name)
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(Document Number)
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2023 MAY 30 AM 7: I

of 1/21/2023

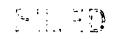
COVER LETTER

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	Registration So Division of Co						
, cup in		ISING LLC					
SUBJEC	.1:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		NACIF NEVES KHARRAT					
			Name of Person				
		SUPRA TAX LLC					
			Firm/Company				
		6675 WESTWOOD BLVI	D STE 330				
			Address				
		ORLANDO, FL 32821					
			City/State and Zip Code				
		business@supratax.com		·s			
			to be used for future annual report not	incation)			
For furth	er information o	concerning this matter, please c	all:				
NACIF	NEVES KHAR	RAT	407 530-0007				
	Name o	of Person		ne Telephone Number			
Enclosed	is a check for t	he following amount:					
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Sc	ection			
	Division of C		Division of Co				
	P.O. Box 632	27	The Centre of	Tallahassee			
	Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NTX HOUSING LLC

2023 HAY 30 AM 7: 10

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on ou	r records.)
		William N. F.E. FL
The Articles of Organization for this Limited Liability Company	were filed on 01/05/202	and assigned
Florida document number L23000013908		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "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 a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records	s, enter the name of the new register
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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>	Address	Type of Action
MGR	JOAO VICTOR DOYLE OLIVA	6675 WESTWOOD BLVD, STE 330	= Add
		ORLANDO, FL 32821	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
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			□Change
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			□Change
			□Add
			Remove
			□Change

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ffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	ock does not meet t	he applicable sta	of filing or more than atutory filing requir	(optional) 90 days after filing ements, this date) Pursuant to 605.0207 will not be listed as
record specifies a delayed effectiv d is filed.	e date, but not an ef	fective time, at	12:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
Dated MAY 17TH	. 20	23			
NACIF NEVES	KHARRAT		· 		
	Signature of a memb	er or authorized re	presentative of a me	mber	

Filing Fee: \$25.00