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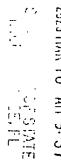
(F	Requestor's Name)			
(Address)				
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(0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
(0	Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to	o Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 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:		
Aretha M. Dalach · Radgley		
Native Business Management UC		
2467 Conway Blyd	s 2	
Poet Charlotte, II. 33352. City/State and Zip Code	2023 MAR	11
352 renovations S amul com. E-mail address: (to be used for future annual eport notification)	10 AM 9: 3	
For further information concerning this matter, please call:	9: 3 7	
Name of Person	-	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	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

(S 🖂

Native Business Mana	remont UC
(Name of the Limited Liability Compa) (A Florida Limited L	pl as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300032477	were filed on A 18 1223 and assigned
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 Liability"	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2467 Conway 1910
Principal office address MUST BE A STREET ADDRESS)	tuet Charlotte, FI 38,5%.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Samet
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Address	Type of Action
			□Add
			☐Change
			□Add
			□Remove
			Change CO CO CO CO CO CO CO CO CO C
			Change
			□ Петоче
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Chanye

Typed or printed name of signee