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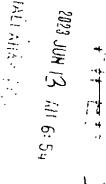
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COVER LETTER

TQ:

Registration Section

Division of Cor	porations		
~ , , , , ,	NADOT 110		
SUBJECT: 113P	NAART LLC Name of Lin	nited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
		^	
	Ti Jana	Name of Person	
		Name of Person	
	Tuanage	+ 2 L C Firm/Company	
		Firm/Company	
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	1020 CON	ins Ave unit)	<u>ru3/0</u>
	_ ,	0 0 11	
	13AL Harba	City/State and Zip Code	
	り りゅん (E-mail address: (ry@mendousfindle	fication)
For further information c	oncerning this matter, please c	all:	
_			
Tisana L	ohen	at (644) 565. Area Code Daytim	034 9
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres	<u>is:</u>	Street Address:	
Registration S		Registration Sec	
Division of C	-	Division of Cor The Centre of T	•
P.O. Box 632 Tallahassee, 1			анапаssee e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 13 AH 6: 54

				O. 04
(Name of the Limit	ed Liability Company as (A Florida Limited Liabilit	it now appears on outy Company)	ir-records.)	•
The Articles of Organization for this Limited L	ability Company were	filed on $1/31$	12023	and assigned
Plorida document number <u>L23000058</u>				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability o	company here:		
he new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			-
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:			•
Name of New Registered Agent:		4 Corcer		
New Registered Office Address:	10203 Coll	Former Florida stee	Unit 180	3N
	BAL Harbo			
		Tity		Zip Code
New Registered Agent's Signature, if changing I	tegistered 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
MGIL	Tisang (ohin	10203 cdling the Untileasin BAL Herberr,	<u> </u>
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n effe ote:	ye date, if other than the date of filing:	
ecore 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 thed.	ę
ted_	June Lith 2023.	
	Signature of a member or authorized representative of a member	•
	Tijana Calcen Typed or printed name of signee	