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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
NINETYO SUBJECT:			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspe	ondence concerning this matter	to the following:	
	JEAN M NASIFF		
		Name of Person	
	NINETYONE, LLC		
		Firm Company	
	1200 BRICKELL AVENU	E STE. 1950	
	Address MIAMI, FL. 33131 City/State and Zip Code		
	MIAMI, FL. 33131		
	mnasiff@gmail.com	City/State and Zip Code	
	** =	to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	ull:	
JEAN M NASIFF		786 849-3579	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 Address Registration 9		Street Address:	stion
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/08/2023 and assigned
<u>:re</u> :
e <u>re</u> :
lesignation "LLC" or the abbreviation "L.L.C."
LL AVENUE
24.
131
LAVENUE II . 3
5.
8月 22

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.

City

МІАМІ

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
			☐ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□ Remove
			∐Add
			□Remove
			□ Remove
			□Change

Hective date, if other than the date of filing: an effective date, if other than the date of filing: an effective date is listed, the date mass be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 805.02 date; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. record 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 dis filed. 2024 Signature of a member or authorized representative of a member.					
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	JUNE 17TH	2024			
Signature of a member or authorized representative of a member	attu		 ·		
	S	ignature of a member or auth	OSWE.	member	
JEAN M NASIFF			ş:: ::: -::::::: - :/*		
		Typed or prin	ted name of signee		