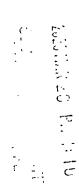
## L230000 97H 73

(Requestor's Name)
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(Business Entry Hume)
(Document Number)
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## **COVER LETTER**

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TO:

Registration Section
Division of Corporations

NESBETH	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Nesbeth		
		Name of Person	
	Nesbeth, LLC		
		Firm/Company	
	522 SW Bradshaw Circle		, -
		Address	
	Port St. Lucie, Fla. 34953		; ;
		City/State and Zip Code	
	Nespaul1970@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	С
Paul Nesbeth		754 368 6904 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NESBETH, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L23000097473	ompany were filed on Feb.22nd 2023 and	d assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:	i i	
Mailing address MAY BE A POST OFFICE BOX)		
Muning university BEA FOST OFFICE BOAT		
	1	
B. If amending the registered agent and/or registered	· , <u>c_</u>	new regis
gent and/or the new registered office address here:	office address on our records, enter the name of the	new regio
Name of New Registered Agent:		
Non-Besistand Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del> .	City Zip C	ode

## 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Paul Nesbeth	522 SW Bradshaw Circle Port St. Lucie Fla 34953	\ \exists Add
			Remove
			Change
			🗆 Add
			□Remove
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	· - C.
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	to date of filing or more than 90 days after filing.) Pursuant to 605.0
Note: If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not be listed
ocument's effective date on the bepartment of state's records.	
record specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of (b). The 90th day after
d is filed.	me, at 12.07 and on the outlier on (c)
	<del></del> ·
March # 23rd 2023	
01 N	orized representative of a member

Filing Fee: \$25.00