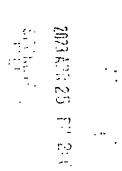
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continued Copies
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	NA & ASSOCIATES, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SONIA A BARAHONA		
		Name of Person	
		Firm/Company	
	3300 Corporate Avenue Si	tite #110	
		Address	
	Weston, FL 33331		
		City/State and Zip Code	
	barahonasonia@gmail.com		
	E-mail address: (	to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
SONIA A BARAHONA		<sub>at</sub> (454 ) 89	ytime Telephone Number
Name o	f Person	Area Code Da	ytime Telephone Number 25
Enclosed is a check for th	ne following amount:		ජා ත
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	The Centre	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARAHONA & ASSOCIATES, LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 02/27/2023 and assigned
lorida document number L23000104874	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability cor	npany here:
	\_
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbrewiation "L.L.C."
Enter new principal offices address, if applicable:	• _
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	7.02
	709 A77
	- 2
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new regist
gent and/or the new registered office address here:	· .
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
City	

## 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
AMBR	SONIA P BARAHONA	3300 CORPORATE AVENUE SUITE 110	🗆 Add
		WESTON, FL 33331	Remove
			□Change
AMBR	SONIA A BARAHONA	3300 CORPORATE AVENUE SUITE #110	<b>=</b> Add
		WESTON, FL 33331	□Remove
			[ Change
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ective date, if other than the	date of filing: April 21, 2023	(optional	•
	ock does not meet the applicable st	of filing or more than 90 days after filing attutory filing requirements, this date	g.) Pursuant to 605.020
ecord specifies a delayed effectives filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) T	ne 90th day after the
led April 21	2023		
6	mia A Bara	NONCU .  representative of a member	