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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
\- -	, · · · · ·	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	





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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | | |
|---|--|---|--|--------------|
| SUBJECT: NJS | Raint Comm | 016 110 | | |
| SUBJECT: 1200 | | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | | | |
| | _ Tinia | SM(U)
Name of Person | | |
| | NJ's | Runt Compring | <u> </u> | |
| | | 1 min Company | , | |
| | 1165 Ma | natee Drive | | |
| | | Address | <u>.</u> | E.33 |
| | Rockle | MR, FL 32955 | · | 273. Piii 13 |
| | | City/State and Zip Code | | |
| | Tinaso3a
E-mail address: (1 | OCIMAL (I COM) to be used for future annual report noti | fication) | • |
| For further information co | oncerning this matter, please ca | | · · | [1] [0: 2] |
| | | | , | r., 7 |
| Tinia S | omith | ai(301) 4000 | | <u> </u> |
| Name o | f Person | Area Code Daytim | e Telephone Number | |
| | | | | |
| Enclosed is a check for the | ne following amount: | | | |
| ☑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional cop | of Status & |
| No. War Adding | _ | S4 | | |
| <u>Mailing Addres</u>
Registration S | | Street Address:
Registration Se | ction | |
| Division of C | orporations | Division of Cor | porations | |
| P.O. Box 632 | | The Centre of T | | |
| Tallahassee, F | 1L 32314 | 2415 N. Monro | e Street, Suite 810 | J. |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NJS Pairt (Name of the Limited | COMPLA
d Liability Compar
A Florida Limited L | y as it now appears on
lability Company) | our records. | |
|---|---|---|---------------------------|--------------------------|
| The Articles of Organization for this Limited Lia | ibility Company | were filed on <u>3</u> | 133/33 | and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabili | ty Company." the design | nation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | ······ | 5:3 |
| (Principal office address MUST BE A STREET | (ADDRESS) | | |)
 |
| | | | | <u></u> |
| | | | |
(-) |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE B | (OA) | | | <u> :</u> |
| | | | | 5 |
| | | | · · | 7 |
| B. If amending the registered agent and/or reagent and/or the new registered office address | | ddress on our reco | rds, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent: | Tinia | Smith | 1 | |
| New Registered Office Address: | 1165 1 | <u> Anvitll</u>
Emer Florida | DY i VI
street address | |
| | Pu | ckledge | , Florida _ | 39955
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> | Name | Address | Type of Action |
|--------------|------|---|---|
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| | | , and the latest and | □Remove |
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| ctive date, if other than the date of filing: [Optional] 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 eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. For dispectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the curlier of: (b) The 90th day after filed. Figurature of a member or authorized tepresentative of a member | | | |
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| Signature of a member or authorized representative of a member | effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable st ment's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at filed. | of filing or more than 90 days after filing.) Pursultutory filing requirements, this date will n | ot be listed |
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