## L23000174526

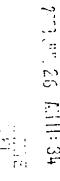
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:N	ELOMULT Se Name of Limi	ERVICES LLC	<u>,                                      </u>
The enclosed Articles of Ar	nendment and fee(s) are subt	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		UINEL ROCHET	₹
		Firm/Company	
	18824	NE QND A	IE
	MIAM	FloRIDA, 33 City/State and Zip Code	179
	E-mail address: (t	uinelr@gnail-C	Con
For further information con	cerning this matter, please ca	ıll:	cation)
10 UN O	21 ROCHER	at (786) 5060 Area Code Daytime	O 1 8 6 Fr. 2
Enclosed is a check for the	following amount:		
S25.00 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 Se Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELOMULTI SERVICER L	LC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fit Florida document number <u>L23000174526</u> .	ed on07/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
City	•	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
MGR	PREVAL MARIE RACHEL	18824 NE 2ND AVE APT 7 MIAMI FL. 33179	🖹 Add
		<del> </del>	□Remove
			Change
MGR ROCHER SAHAN	ROCHER SAHANABELLA LAJI'	18824 NE 2ND AVEAPT 7 MIAMI FL. 33179	DAdd
			≅Remove
			🗆 Change
		<del> </del>	🗆 Add
			Remove
			☐Remove
			Add
			Remove
			Change
	-	<del></del>	□Add
			□Remove
		<del></del>	□Change
			□Add
		<del></del>	□ Rепюче
			Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry:)
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	<u> </u>
Effective date, if other than the date of filing:	g.) Pursuant to 605.0207
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Te d is filed.	The 90th day after the
Dated 07/18/2023	
	207 3, PH
	<del></del> _
Signature of a member of authorized representative of a member	iso

Filing Fee: \$25.00