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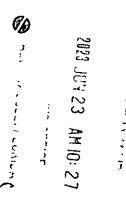
	(Requestor's Name)
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PICK-UP	WAIT MAIL
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	(Document Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

Division of Corporations
SUBJECT: 16 4 NC. Holdings LLC Name of Limited Liability Company
ivanie of Emilien Plaonity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
You Gonzalez
Name of Person
Firm/Company
3380 NW Fth ave #TH-3
Address
Miami, FL, 33142
City/State and Zip Code  (Del. Gonzalez @ reelms.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person  Area Code  Daytime Telephone Number
Patric of Ferson
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16 & NC	Holdings LLC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it dow appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on O4	13 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	2
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		20 3 M
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my di agent as provided for in Chapte pred office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is

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
MGR	Natalie Camilo	15143 SW 175th St	□Add
		15143 SW 175th St Miami, FL, 33187	Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recor	rd 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 ded.
Dated	June 23 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00