L23000254200

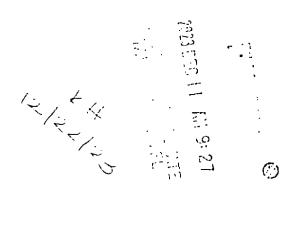
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COVER LETTER

TO: Registration Secti Division of Corpo						
NUMEN ADV	VISORS LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of Ar	nendment and fee(s) are submitted	for filing.				
Please return all correspond	ence concerning this matter to the t	following:				
	LIZ ADRIANA JIMENEZ					
Name of Person						
L & J ACCOUNTING INC						
Firm/Company						
13499 BISCAYNE BLVD SUITE M4						
	Address					
NORTH MIAMI FLORIDA 33181 City/State and Zip Code INFO@LJACCOUNTINGINC.COM						
	E-mail address: (to be us	ed for future an	nual report notification)	Ç. e	232	
For further information con	cerning this matter, please call:			- 1. 1.	11 373 6737	,
LIZ ADRIANA JIMENEZ		305 at (6907560			, ,
Name of P	erson	Area Code	Daytime Telephone Number		13 9: 2	
				13 500 1000 1000 1000	27	0

Enclosed is a check for the following amount:

🕱 \$25.00 Filing Fee

□ \$30.00 Filing Fee &

☐ \$55.00 Filing Fee & Certificate of Status Certified (additional copy is enclosed) ☐ \$60.00 Filing Fee, Copy Certificate of Status & 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

NUMEN ADVISORS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/23/2023}{2023}$ and assigned Florida document number L23000254200 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Florida

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
MBR	FERNANDO G CERIMEDO	13499 BISCAYNE BLVD SUITE M4	□Add
		NORTH MIAMI FLORIDA 33181	≡ Remove
			☐ Change
			🗀 Add
			□Remove
			Change
			□Add
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fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the D	st be specific and cannot be pri- lock does not meet the appl		nore than 90 days after f	iling.) Pursuant to	605.0207 (3)(listed as the
ecord specifies a delayed effectiv	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day	after the