L23000294502

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

TO:

| NADISH L | LC | | |
|--|--|---|---|
| SUBJECT: | Name of Lin | ited Liability Company | 141.0 |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ROBERTO DI LENA | | |
| | | Name of Person | |
| | MTR & ASSOCIATES LI | .C | |
| | | Firm/Company | |
| | 703 WATERFORD WAY | STE 805 | |
| | | Address | |
| | MIAMI, FL 33126 | | |
| | | City/State and Zip Code | itication) |
| | pablo@ideashq.uno | | · |
| | E-mail address: (| to be used for future annual report not | rtication) |
| For further information of | oncerning this matter, please c | all: | |
| ROBERTO DI LENA | | 305 471-5874 | - • |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 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) |
| <u>Mailing Addres</u> Registration! | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | .7 | The Centre of T | l'allahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro | oc Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NADISH LLC | | | |
|--|---|--|--|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ned Liability Company) | | |
| The Articles of Organization for this Limited Liability Comp | any were filed on <u>06/19/2023</u> | and assigned | |
| Florida document number L23000294502 | | | |
| 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 I. | iability Company," the designation "LLC" or t | | |
| Enter new principal offices address, if applicable: | | <u>ئ</u> | |
| (Principal office address MUST BE A STREET ADDRESS | 5) | j | |
| | | : | |
| | | | |
| Enter new mailing address, if applicable: | | 9 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | $\ddot{\omega}$ | |
| | | - | |
| | | | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, enter the | name of the new register | |
| | | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Age | ent: | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change. | lete performance of my duties, and I as provided for in Chapter 605, F.S. | am familiar with and 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 | BETO FL LLC | 703 WATERFORD WAY STE 805 | ■Add |
| | | MIAMI, FL 33126 | □Remove |
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| Note: If the date inserted in the document's effective date on the document's effective date on the document of the document is effective a delayed effective and delayed effect | the date of filing: | ate will not be liste |
| rd is filed. | | |
| | 2023 | • |
| l is filed. JULY 25 cated | 2023 | |
| | Signature of a member or authorized representative of a member | |
| uted | Signature of a member or authorized representative of a member | - T - T |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00