

L23000298677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

1/01/23--01015--000 • 00:05.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A standard 1D barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

000418284840

1118/23

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV - 1 PM 1:28

८८

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDPA INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Divya Patel

Name of Person

NDPA INVESTMENTS LLC

Firm/Company

4811 S CLEVELAND AVE

Address

FORT MYERS, FL 33907

City/State and Zip Code

NEILDivya22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Divya Patel

Name of Person

at (915) 490-8431

Area Code

Daytime Telephone Number

2023 NOV - 1 PM 1:28
RECEIVED
TALLAHASSEE, FL

FILED

Enclosed is a check for the 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)

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**

NDPA INVESTMENTS 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 _____ and assigned Florida document number 123000298677.

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) _____

2023 NOV - 1 FILED
FLORIDA STATE
TALLAHASSEE
1:28

Enter new mailing address, if applicable: _____

Mailing address MAY BE A POST OFFICE BOX) _____

3. 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: Divya Patel

New Registered Office Address: 4811 S CLEVELAND AVE
Enter Florida street address

Fort Myers _____, Florida 33907
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.

Patel D.N.

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV - 28
SEC. 1 OF STATE
TARRANT COUNTY, TEXAS
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 NOV - 1 PM 1:28
SECOND TERM OF STATE
TALLAHASSEE, FL

卷之三

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 27, 2023.

Рук. В-Н

Signature of a member or authorized representative of a member

Divya Patel

Typed or printed name of signee

Filing Fee: \$25.00