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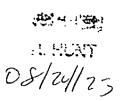




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PINISION OF CORPORATE A



COVER LETTER

ision of Corporations						
GROUP 1713 LLC		,				
Name of Limited Liability Company						
Amendment and fee(s) are sub-	mitted for filing.					
ondence concerning this matter	to the following:					
CARLOS MEDINA						
	Name of Person					
BRINGABOUT, INC		7000	9E92			
Firm/Company						
6205 WATERFORD DISTRICT DR. STE 130						
Address						
MIAMI, FL 33126		r	<u> </u>			
	City/State and Zip Code		<u> </u>			
_						
E-mail address: (1	to be used for future annual report notification	on)				
oncerning this matter, please ca	all:					
	305 6551589					
f Person		phone Number				
ne following amount:						
■ \$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>Street Address:</u> Registration Sectior	1				
-	Division of Corporations The Centre of Tallahassee					
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CARLOS MEDINA Name of Person BRINGABOUT. INC Firm/Company 6205 WATERFORD DISTRICT DR. STE 130 Address MIAMI. FL 33126 City/State and Zip Code INFO@BRINGABOUT.US E-mail address: (to be used for future annual report notification oncerning this matter, please call: Area Code Topic and topic and topic additional copy is enclosed) SE: Section Corporations Street Address: Registration Section Corporations Division of Corpora	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CARLOS MEDINA Name of Person BRINGABOUT, INC Firm/Company 6205 WATERFORD DISTRICT DR, STE 130 Address MIAMI, FL 33126 City/State and Zip Code INFO@BRINGABOUT.US E-mail address: (to be used for future annual report notification) oncerning this matter, please cull: at (Area Code Daytime Telephone Number) the following amount: S30.00 Filing Fee & Certificat Copy (additional copy is enclosed) Section Registration Section Division of Corporations			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
NAUCO GROUP 1713 LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	6205 WATERFORD DISTRICT DR	
Principal office address MUST BE A STREET ADDRESS)	STE 130	
	MIAMI, FL 33126	
nter new mailing address, if applicable:	6205 WATERFORD DISTRICT DR	มหารี เดิส
Mailing address MAY BE A POST OFFICE BOX)	STE 130	
	MIAMI, FL 33126	24 24
		PH S
. If amending the registered agent and/or registered office a	address on our records, <u>enter the name</u>	
gent and/or the new registered office address here:		10
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 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 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
	 		□Add
			□ Remove
			□ Change
			□Remove
		 	Change D
			1816 N OF 21
			Change Ch
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 ___ 2023 Signature of a member or authorized representative of a member RAFAEL MENDIBLE Typed or printed name of signee