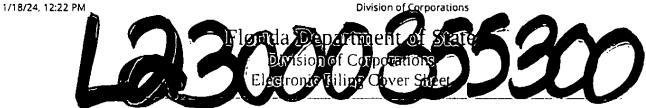
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NANA PAGOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JAN 19 2024

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Help

1/18/2024 09:25:33 PST.

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: NANA PAGOS LLC						
(<u>Name of the Limited Li</u> (A Fl	iability Compar Ionda Limited L	ny as it now appears on ou lability Company)	r records.)			
The Articles of Organization for this Limited Liabili Florida document number L23000355300	ity Company	were filed on	3		and ass	signed
This amendment is submitted to amend the followin	ig:					
A. If amending name, enter the new name of the	limited liabl	lity company here:				
NANA INTERNATIONAL MARKETING LLC						
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation	on "LLC" or t	he abbrevia	ation "L	.L.C."
Enter new principal offices address, if applicable	·:					
(Principal office address MUST BE A STREET AL	DDRESS)					· <u> </u>
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>					
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,		
				1.61	~1	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our records	, enter the 1	name of	the ne	v register <u>e</u>
agent and/or the new registered office address ne	<u>:1e</u> .				J.	17
Name of New Registered Agent:					- 8	
Name of New Registered Agent.				-;-;-		m
New Registered Office Address:		F		<u> </u>	AH	U
		Enter Florida stree	r adaress	- X	∵	
			, Florida		9	
		City		Zi	p 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.

1/18/2024 09.25:33 PST

To: 18506176383

Page: 3/4

From Registered Agents Inc.

Fex: 8134365206

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
		***	□Add
			□Remove
		···	☐ Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			[]Remove
			Change
			□Add
			□Remove
			□Change

		eve: (Attach additional sheets, if necessary.)	
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			···
			
E. Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet the appli	(optional) or to date of filing or more than 90 days after filing.) Pursuar icable statutory filing requirements, this date will not ls.	nt to 605.0207 (3)(b t be listed as the
f the record specifies a delayed effer ecord is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated <u>01/18</u>	2024		
12.1.	A - 12-40 A - 1	horized representative of a member	
1 1000	Signature of a member of aut	horized representative of a member	
Robin Jones			
	Typed or prir	nted name of signee	

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