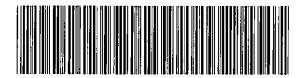
L23000384446

(Re	questor's Name)	
(Ad	dress)	
(40	dress)	
(110		
(Cit	y/State/Zip/Phone	e #)
	—	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
·	,	,
	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	-
opecial instructions to	r mang Officer.	





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COVER LETTER

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TO:

TO: Registration Se Division of Cor			
Natida Ente	erprise LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Jervis		
		Name of Person	·
	Natida EnterpriseLLC		
		Firm/Company	
	111 North Orange Avenue		
		Address	
	Orlando Florida 32801		
		City/State and Zip Code	
	brianjervis@natidaenterpris		
For further information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	otification)
Brian Jervis		407 4092144	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration	 -	Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 00T 17 AM 7: 32

lity Company as it now appears on our la Limited Liability Company)	records.)
	·
Company were filed on $\frac{05/26/2023}{}$	and assigned
·	
nited liability company here:	
mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
RESS)	
ed office address on our records,	enter the name of the new registered
Fnter Florida street	address
William Free March 1970	
Cin	, Florida Zip Code
City	2g) Coue
	nited liability company here: nited Liability Company," the designation RESS) ed office address on our records,

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 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
Manager	Brian Jervis	2804 White Isle Ln Orlando Florida 32825	□Add
			□ Remove
			■Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
	October 9 2023
f\	, October 9 2023
Dated	October 9
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00