## L23000448020

(Requestor's Name)
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## **COVER LETTER**

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TO: Registration S Division of Co			
NEARtal SUBJECT:	ent.io LLC	•	.b1
COURTES, 11	Name of Lan	mted ( tability Company	
The enclosed Arneles o	of Amendment and fee(s) are suf	binitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Luis Flores		
		Name of Person	<del></del>
	ZenBusiness INC		
		Firm Company	<del></del>
	336 E. College Ave Suite	301	
		Address	
	Tallahussee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	***	
		to be used for future annual report no	t(fication)
For further information	concerning this matter, please e	alL	
e/o ZenBusiness INU		844 493-7249	
Name	of Person	at () Area Code Dayta	ne Telephone Number
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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWIGARIANCIO LEA			
(Name of the Limited Liability Comp. (A Fiorida Limited	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000448020	were filed on 2023-09-27	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ullity company here:		
The new name must be distinguishable and contain the words "Limited Eabi	lity Company, the designation [1] C" or the	ne alibreviation "U.E.U."	
Enter new principal offices address, if applicable:	2875 South Orange Avenue		
(Principal office address MUST BE A STREET ADDRESS)	STE 500 #6681	2073 1:17	
	Orlando, FL 32896	<u></u>	
		- <del> </del>	
Enter new mailing address, if applicable:	2875 South Orange Avenue	ပ်	
Mailing address MAY BE A POST OFFICE BOX)	STE 500 #6681	T1	
	Orlando, FL, 32896	<u>ਦ</u> ਲ	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the o	name of the new registere	
serve and or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florala street address		
	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. Thereby 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
AMBR	HARDING, THOMAS M	3870 GRASSLAND LOOP	
		LAKE MARY , 19, 32746	
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Effective date, if other than th If an effective date is listed, the date in Note: If the date inserted in this l document's effective date on the l	block does not meet the	applicable statutor	(op ig or more than <sup>90</sup> days at y tiling requirements, t	tional) for tiling ) Pursuant to 605 0207 his date will not be fisted as
e record specifies a delayed effecti rd is filed.	ve date, but not an effec	ctive time, at 12:01	a.m. on the earlier of.	(b) The 90th day after the
Dated	2023	·		
/s/ GORMA	N. LAURA E			
	Complete of a second	ir with an end represent	ntative of a member	<del>*</del>