633055	479396
(Requestor's Name)	
(Address) (Address)	800427725018
(City/State/Zip/Phone #)	
(Business Entity Name)	04 15/21 -011/5017 +-25.00
(Document Number)	
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## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION OF

NES, NORTH EMERAL	D SERVICES LLC
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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

10/18/2023 \_ and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ L23000479392 Florida document number \_

This amendment is submitted to amend the following:

·• , ·

## A. If amending name, enter the new name of the limited liability company here:

		·	~2
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	he abbreviation "L	TOZ
The new name must be distinguishable and contain the words behaves and			A.
Enter new principal offices address, if applicable:			<del></del> . <u>1</u>
(Principal office address MUST BE A STREET ADDRESS			5
			- Pr O
		···-	<u>ි</u> ෆූ
Enter new mailing address, if applicable:			10
(Mailing address MAY BE A POST OFFICE BOX)		41.4	

B. 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:	
New Registered Office Address:	Enter Florido street address
	, Florid= 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.

X 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>	Name	Address	Type of Action
MGR	CHRISTOPHER MICHAEL	- 12927 FARM RD	🗋 Add
	,	PANAMA CITY, FL 32444	X Remove
			Change
MGR	Christopher Michael Woolsey	12927 FARM RD	X' \dd
		PANAMA CITY, FL 32444	lemove
			DChange
		· · ·	DRemove
			Change
<del>-</del>		4.3 - 1.44 - 1.44	
		Remove	
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			[]Remove
			Change
			🗆 Add
		<u></u>	🗆 Remove
		<del></del>	Change

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

## 

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 <u>April 11<sup>th</sup></u>. 2024 X <u>Win Woober</u> Signature of a member or authorized representative of a member <u>Chris Woolscy</u> Typed or printed name of signee

Filing Fee: \$25.00