L24000048598

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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IMIL





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02/05/24--01018--017 **25.00

COVER LETTER

TO: Registration So Division of Con		j et	•	
NTVAC, I	.I.C			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FRANCISCO ROO VERA	١		
		Name of Person		
		Firm/Company		
	32727 PLEASANT WILL	OW CT		
		Address		
	BRANDON, FL 33511			
	-	City/State and Zip Code		
	FRANCISCOROO@GMA	IL.COM to be used for future annual rep		
For further information of	concerning this matter, please c		ont nonneadon)	
FRANCISCO ROO VE		813 526-3	5420	
Name o	of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	he 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 enclos	
<u>Mailing Addres</u> Registration ! Division of C	Section		ress: ion Section of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTVAC, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/25/2024	and assigned
Florida document number 1.24000048598		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
Principal office address MUST BE A STREET ADDRESS)		1
THE GRADITE GRADITES TO STREET ADDRESS		
		·
		:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office	e address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r tortud street (tudress	
		ida
	City	Zıp 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 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	FRANCISCO ROO	3227 PLEASANT WILLOW CT	
		BRANDON, FL 33511	■Remove
			Change
MGR FR	FRANCISCO ROO VERA	3227 PLEASANT WILLOW CT	≣Add
		BRANDON, FL 33511	□Remove
			☐ Change
			
			Remove
			Change
			□Add
			Remove
			Change
			\ \ \ \ \ \
			Remove
			Change
			□ Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
f 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 ed.
Dated_	January 31 2024
	And the second
	Signature of a member of authorized representative of a member
	Francisco Roo Vera Typed or printed name of signee

Filing Fee: \$25.00