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(Req	uestor's Name)	
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(City.	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

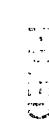
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ON THE STATE



COVER LETTER

Division of Cor	porations				
CUDINGT.		DINGS LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANGELO KARAVOLOS				
		Name of Person		-	
	NTB HOLDINGS LLC				
		Firm/Company		-	
	1044 LIMPKIN STREET				
		Address		-	
	CRESTVIEW FL 32539				
		City/State and Zip Code		-	
	evan@ntbholdings.net	o be used for future annual report notific	ration)		
For further information c	oncerning this matter, please ca	•			
ANGELO KARAVOLO	s	850 740 8737		631	
Name o	f Person	at () Area Code Daytime `	Telephone Numbe	1	11
Enclosed is a check for the	he following amount:				3
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 F Certifica Certifica (additiona	illing Fee (2) Attention of Status & Copy and Copy is reneboted 55	

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NTB I	HOLDINGS LLC	
(<u>Name of the Limited Liabi</u> (A Florie	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.24000079374	Company were filed on 13 FEB 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LEC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address , Florida	
	City . Florida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	ATE 56

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 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
мем	ANGELO KARAVOLOS	1044 LIMPKIN STREET CRESTVIEW FL 32539	□Add
			Remove
			Change
MEM	RUTHIE O KARAVOLOS	1044 LIMPKIN STREET CRESTVIEW FL 32539	□Add
			□Remove
			🖃 Change
MGR	FINN S SIMMENSEN	8313 PACIFIC PEARL DRIVE ROWLETT TX 750	089 □Add
			□Remove
		- C. A. C.	
- MGR	ADRIAN FAVIER	17 ALLEE DE LA CONQUE MONTATSTRUC L.	AĈ Ŝ □Add
			□ □Remove
MGR	JAMES PARADISE	8234 RHANBUOY ROAD SPRING HILL FL3460	<u>に</u> Change で
			□Remove
			□ Change
			🗆 Add
			□Remove
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n effective date is listed, the da	ate must be specific a	nd cannot be prior to	date of filing or more	than 90 days after tiling	.) Pursuant l o 6	05020
te: If the date inserted in to cument's effective date on	this block does not the Department of	t meet the applicab f State's records.	de statutory filmg r	equirements, this date	will not be li	isted a:
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ecord specifies a delayed et	(Cretive date, but n	at an affective tim	e at 12:01 a.m. on	the earlier of: (b) Th	u 90th day at	for the
is filed.	nective date, but it	or an effective time	c, at 12.01 a.m. on	the carner of. (b)	ic 50th day at	itei uie
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Filing Fee: \$25.00