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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
NMS Flori	da Holdings LLC			
SUBJECT:	Name of Lin	nited 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:		
	Spiro Laskaris			
		Name of Person		_
				- 3
	HIZING K. L.	Firm/Company		`- **
	1177 NE Kubin Ave	Address		
	Jensen Beach FL 34957			FH 2: 33
	Spiro.laskaris@gmail.com	City/State and Zip Code		-Pi &
		to be used for future annual report no	otification)	-
For further information c	oncerning this matter, please c	all:		
Spiro Laskaris		772 260-6925		
Name o	f Person	at () Area Code Dayti	me Telephone Numb	ост
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy ral copy is enclosed)
Mailing Addres		Street Address:	action	
Registration Section Division of Corporations		Registration S Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, I	FL 32314		oe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NMS Florida Holdings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 5th 2024 and assigned Florida document number 1.24000112875 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Same Name NMS Florida Holdings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida street address _, Florida __ City

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 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
MGR	Sailfish HVAC & Refrigeration LI	5116 SE mariner Garden Circle	
		Stuart FL 34997	■Remove
			□Change
MGR	Nicholas Colletti	5116 SE Mariner Garden Cir	≣ Add
		Stuart FL 34997	□Remove
			□Change
			□Add
			©Remove
		-	DChange
			П ДАdd
			□ CO □ CO □ CRemove
			□Change
	-		□Add
			□Remove
		79.00	☐Change
			🗆 Add
			□Remove

-	
	- 2
ctive date, if other than the date of filing:	(optional) or to date of tiling or more than 90 days after filing.) Pursuant to 605.
\simeq If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be liste
iment's effective date on the Department of State's record	ls.
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
filed.	time, at 12.01 min. on the earlier of 407. The 20m day after
3/19/2024	
d	·

Filing Fee: \$25.00