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COVER LETTER

TO:	Registra Division		tion orations		
		9 NMA	LLC		
SUBJEC	л:		Name of Lim	ited Liability Company	
The encl	osed Arti	cles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all c	orrespon	idence concerning this matter	to the following:	
			Kevin Correa		
				Name of Person	·····
			KEVIN CORREA PA		
				Firm/Company	
			1805 Ponce De Leon Boul	evard Suite 300	
				Address	
		Coral Gables, Florida 33134			
				City/State and Zip Code	
			kevin@ketitleagency.com		
			E-mail address: (to be used for future annual report not	ification)
For furth	er inform	nation co	ncerning this matter, please co	all;	
Kevin C	Correa			305 429-6984 at ()	
		Name of	Person	Area Code Daytin	ie Telephone Number
Enclosed	l is a chec	k for the	e 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			Street Address:	ation
	Registra Divisio		ection orporations	Registration Se Division of Cor	
	P.O. Bo	ox 6327	1	The Centre of T	-
	Tallaha	ssee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

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

Page 18 Comment of the Comment of th

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000141701	were filed on 03/22/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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	name of the new registered
. Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	#71 t	I
	, Florid	la Zip Code

New Registered Agent's Signature, if changing Registered Agent:

3009 NMA LLC

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>	<u>Name</u>	Address	Type of Action
AP	KEVIN CORREA PA	805 PONCE DE LEON BOUELVARD SUITE 300 CORAL GABLES, FL 33134	□Add
			Remove
			□Change
MGR	DAVID S O REPRETED A SELVE OF REPRETED	HENRING MERRINGSTON AND STEEL OF MAIN NIRES FOR ORDER STOWN NEWS	= Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
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			🗆 Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

ii ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing: O7/16/2024 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor d is fi	d 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 led.
Dated	JULY 16 2024
	Signature of a member or authorized representative of a member
	Kein Corros, Eg.

Filing Fee: \$25.00