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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Neicys Name of Lim	Neat 2 Tidy ited Liability Company	LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Name of Person	
	<u>Neigy</u>	Neat a Tidy L	<u> </u>
	3909	Reserve Da. Address	
	Tanaha	Ste FL 32311 City/State and Zip Code	
	<u>Neicysnea</u> E-mail address: (ut and tidy agmail. (0) to be used for future annual report not	m ification)
For further information con-	cerning this matter, please ca	all:	
Ocnice Jack Name of P	Crson	at (<u>352</u>) <u>8 775</u> Area Code Daytin	2784 ne Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	

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

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**

NETCUS NED (Name of the Limited Liability (A Florida	Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co			and assigned
Florida document number <u>L24000267 \$ 43</u>	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:	Penice Jacks	SON	
New Registered Office Address:	1342 Bahia Rd		
	Enter Florida	street address	
	Ocala	, Florida _	34472
	City		Zîp 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 heyeby 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
AMBR	Denice Jackson	9342 Bahia Rd Ocara	FL SH72 DAdd
			Remove
			Ø Change
			□Add
		 	Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
		<u>. </u>	□Add
		 	□Remove
			□Change
			□Add
			□ Change

Effective date, if other than the date of filing: [an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. Precord 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 dis filed. Dated OS/22/24 Signature of a member or authorized representative of a member What A What Signature of a member of signee		
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Filing Fee: \$25.00