L24000219144

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Nod	Endurance.	LLC		
	Name of Limit	ed Liability Company		
The englaced Artigles of A	mendment and fee(s) are subn	nitted for filing		
	dence concerning this matter t			
Flease feithir an correspond	dence concerning and manner t	v me tene mag.		
	<u>Christine</u>	MOOTQ Name of Person		
	Nod End	Hurance UC Firm Company		
	<u>600 NE</u>	30th St Apt Address	216	
	Miami /	FL / 33/37 City/State and Zip Code		
	Christing, moo	rQ.m@amail.com	neation)	,
For further information co	neerning this matter, please ea	all:	12011	·
Christing Name of	MoorQ Person	at (<u>918</u>) <u>955 -</u> Area Code Daytim	+++++ Company of the Telephone Number	ı
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\infty\$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Co		Division of Co		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nod Endura	U(6 FTC	
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liability Florida document number <u>L2400021914</u>		0, 2024 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		222.1001
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>e</u> :	nter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
<u> </u>	Enter Florida street a	ddress
		_, Florida
	City	Zip 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 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>	<u>Address</u>	Type of Action
MGR	Maria Jose Calmet	1250 S. Miami Ave, Apr 200	면 CAdd
		Miami, FL. 33130	X Remove
			□Change
MGR	Victoria Romero	230 W. McIntyre St	X Add
		Key Biscayne, FL 33149	□Remove
			[_] Change
			2Add
			El Remove Clarke
			TAdd · · · · · · · · · · · · · · · · · ·
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			□Remove
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