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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
NPLH Equi	ties, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number is a check for the following amount: DO Filing Fee S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Please return all correspo	ondence concerning this matter	to the following:	
	Sherrese Madden		
		Name of Person	
	NPLH Equities, LLC		
		Firm/Company	
	1902 W Main St		
		Address	
	Tampa, FL 33607		
	_		
		·	ification)
	oncerning this matter, please c		
Sherrese Madden		813 586-0025	
Name o	f Percon	at ()	na Talanhana Numbar
Name	77 (1501)	mea code (zaytii	ne receptione realistics
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NPLH Equities, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000256947	were filed on June 5, 2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3702 W Spruce St #1576	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607	
		= 5
Enter new mailing address, if applicable:	3702 W Spruce St #1576	:- (<u>-</u> :- (<u></u>
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33607	
	-	
) f
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regi
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zin Code
	CHY	an Coae

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
 			□Add
		- 	⊐Remove
			□ Change
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fective date, if other than to the effective date is listed, the date rote: If the date inserted in this cument's effective date on the	must be specific and can block does not meet	not be prior to date the applicable s	of filing or more than	90 days after tiling) Pursuant to 605 020
cament's effective date on the	Department of State	s records.			
ecord specifies a delayed effec is filed.	tive date, but not an	effective time, a	12:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
July 22	2:	024			
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