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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/28/2024

NAME: NATIIVO 4003 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

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TO:

	tegistration Se division of Cor					
SUBJECT	NATIIVO	4003 LLC				Status &
SUBJECT	· ·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	un all correspo	ondence concerning this matter	to the following:			
		Gregory R Fishman				
			Name of Person			
		Gregory R Fishman PA				
		- <del></del>	Firm/Company			
		2750 NE 185 Street				
		· · · · · · · · · · · · · · · · · · ·	Address			
		Aventura, FL 33180				
			City/State and Zip Code			
		greg@grfpa.com				g Fee, of Status & opy py is enclosed)
		E-mail address: (	to be used for future annual report notifica-	ation)		
For further	information c	oncerning this matter, please co	all:		:	
Gregory R	. Fishman		305 305-792-6945 at ( )		2	ec,
	Name o	f Person		elephone Number		
Enclosed is	s a check for th	ne following amount:				
<b>■</b> \$25.00	) Filing Fcc	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status δ Copy	
	lailing Addres		Street Address:			
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	O. Box 632		The Centre of Tal.			
	allahassee l		2415 N. Monroe S		10	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIIVO 4003 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 06/14/2024 \_\_\_\_ and assigned Florida document number L24000272671 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NATV 4003 LLC The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ro 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

#### 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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ective date, if other the effective date is listed, the earlier of the date inserted in ument's effective date of	n this block does no	t meet the applicable s	e of filing or more than 90 day tatutory filing requiremen	(optional) ys after filing.) Pursuant to 605.02 ts, this date will not be listed a
cord specifies a delayed filed.	effective date, but n	ot an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after th
ed		_ , <sup>202</sup>		
		<i>Y / Y</i>		

Filing Fee: \$25.00