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SUBJECT	ı:	Name of Lin				
The enclos	sed Articles of	f Amendment and fec(s) are sul	omitted for filing.			
Please reti	urn all corresp	ondence concerning this matter	to the following:			
		David Kendall				
			Name of Person			
		SVN Nautilus				
		515 Preserve Pt S				
		Jupiter, FL 33458				
	City/State and Zip Code					
		drkendall26@gmail.com		SE SE		
For further	r information	E-mail address: concerning this matter, please c	to be used for future annual report notif	ication)	PIRA NO ECRET TALLA	Ti
David Ker		,	561 723-8463		18 VAS	2.00 th.
	Name (of Person	at () Area Code Daytime	Telephone Number	OV 18 AM 9: 29 ETARY OF STATI AHASSEE, FL	コフ
Enclosed i	s a check for t	the following amount:			29 TE	
■ \$25.00	0 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 Statu Certified Copy (additional copy is encl		

TO:

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

Street Address:

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

Nautilus Commercial Realty Advisors, 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 July 08, 2024 and assigned Florida document number <u>L24000303462</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nautilus Commercial Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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 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>	<u>Address</u>	Type of Action
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific an ck does not i	d cannot be prio meet the appli	r to date of filing cable statutory	or more than 9	(optiona 0 days after filir ments, this da	g.) Pursuant to 605.	0207 (3) d as the
record specifies a delayed effective d is filed.	date, but no	t an effective t	ime, at 12:01 :	a.m. on the ea	rlier of: (b) T	The 90th day after	the
Dated November 14		2024	·				
David Ken	dall						
							
S	ignature of a	member or auth	orized represen	tative of a mem	ber		

Filing Fee: \$25.00