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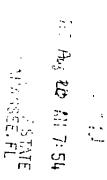
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>1</u> 7660	NW 73 AV	elle	
		nted Liability Company	
The enclosed Articles of ,	Amendment and Ice(s) are sub	emitted for filling.	
Please return all correspon	ndence concerning this matter	to the following:	
	Laura F	adilla Name of Person	
		Firm Company	
	15549 Mia	mi Lakeway NA	Prace
	Mian: Lake	25, FL 330H City/State and Zip Code	
	laura padilla	alpd @gmail. Com) fication)
For further information co	meerning this matter, please ca		
Laura Par	dilla Person	at (<u>786</u>) <u>340</u> Area Code Daytime	- 1605 e Telephone Number
linclosed is a check for th	e following amount:		
S25.00 Filing Fee	12 830,00 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: 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

Name of the Limited Limited Co	
(A Florida Lim	ompany as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Comp	
Florida document number <u>L24000328585</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
NALA Real Estate Investor	rents, LLC
the new name most 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	S)
	(~)
	50 30
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
	# # # # # # # # # # # # # # # # # # #
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new register
igent and/or the new registered office address nere:	
Name of New Registered Agent:	
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

Title	<u>Name</u>	Address	Type of Action
			<u>'</u> Add
			□Remove
<u> </u>			
			LIRemove
			Add
			[_] Remove
			TChange
-			
			□Remove
			Add
			L!Remove
			□Remove

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Note:	ye date, if other than the date of filing:
e record rd is file	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 d.
Jated_	September 6 2024
	Signature of a member or authorized representative of a member