

To:

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2024-12-19 04:02:11 UTC-14

18506176383

From: ZenBusiness User

L24000513335

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000415221 3))



H240004152213ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3674
Fax Number : (512)597 0678

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2024 DEC 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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NCLMAM LLC

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DEC 19 2024

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To:

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2024-12-19 04:02:11 UTC+14 18506176383
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

From: ZenBusiness User

FILED
2024 DEC 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NCLMAM 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 12/10/2024 and assigned
Florida document number 124000513335

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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**)

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

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

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From: ZenBusiness User

If amending Authorized persons, 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	Name	Address	Type of Action
AMBR	Amanda Joyce Eva Miller		☐ Add
			☐ Remove
		8315 Oden Avenue Jacksonville, FL 32216-8111	☒ Change
AMBR	Noel Christopher Lee Martin	2358 Betsy Drive Jacksonville, FL 32210	☒ Add
			☐ Remove
			☐ Change
MGR	Amanda Joyce Eva Miller	8315 Oden Avenue Jacksonville, FL 32216-8111	☒ Add
			☐ Remove
			☐ Change
MGR	Noel Christopher Lee Martin	2358 Betsy Drive Jacksonville, FL 32210	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

