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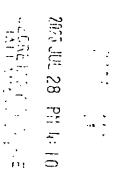
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SB 212125

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	NISAJE LL	.C			
301312	CI	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
r icase i	eium air correspo	ndence concerning this matter Santiago Andres Di Lernia			
			Name of Person		
		NISAJE LLC			
		Firm/Company			
		1865 79th St, causeway. A	part, 16N	1	202
Address			2025 JUL 28		
North Bay Village, Fl. 33141		· . ;	. 28		
			City/State and Zip Code		
		santinodilernia@hotmail.co	m to be used for future annual report notifier	ution)	.E.
For furt	her information co	oncerning this matter, please c	·	1	0.1
	o Andres Di Lern		1 7866456098		
	Name of	f Person	Area Code Daytime T	elephone Number	-
Enclose	d is a check for th	ne following amount:			
\$25	.00 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 St Certified Copy (additional copy is a	atus &
		ING ADDRESS: ation Section	STREET/COURIER Registration Section	RADDRESS:	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Cliffon Building

Clifton Building
2661 Executive Center Circ
Tallahassee, Fl. 323

FCE

JUL 2 8 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NISAJE LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.25000139571	were filed on 03/21/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	202
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	; <u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	and the second s
	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
MGR	Santiago Andres Di Lernia	1865 79th St. causeway. Apart. 168	■ Add
			□ Remove
			Change
MGR Santiago S Di Lemia	Santiago S Di Lernia		
			■ Remove
			Change
			□ Remove
		☐ Change	
		Add	
			Remove
			☐ Change
			□ Remove
			Change
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			□ Change

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JUL 2) 2025	
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Signature of a member or authorized representative of a member	
SANTIA 60 ANDRES DI LERNIA Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00