

MI3000005790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

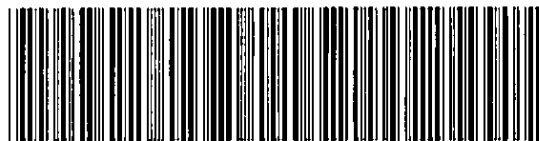
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED

20 FEB 27 AM 10:13

OFFICE OF THE CLERK
STATE OF MICHIGAN

20 FEB 27 AM 11:01

FEB 26 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 194122 4304009

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : February 26, 2020

ORDER TIME : 9:50 AM

ORDER NO. : 194122-010

CUSTOMER NO: 4304009

DOMESTIC AMENDMENT FILING

NAME: NWN LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NWNG LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M13000005790

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 13, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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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20 FEB 27 AM 10:14
STATE OF FLORIDA
TALLAHASSEE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

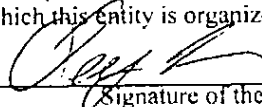
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|-----------------------|
|------------------------|-------------|----------------|-----------------------|

| | | | |
|-------|-------|-------|--------------------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Terry Fein

 Typed or printed name of signee

Filing Fee: \$25.00

EXHIBIT "A"
TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA
OF
NWNG LLC (DOCUMENT NO. M13000005790)

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------------------------------------------|-------------------|------------------------------------------------------------------|-----------------------|
| President and Chief Executive Officer | JOHN Z. KUKRAL | 1819 Wazee Street Denver, CO 80202 | Amend Title & Address |
| Chief Operating Officer | MICHAEL PROFENIUS | 1819 Wazee Street Denver, CO 80202 | Add |
| Chief Financial Officer, Treasurer and Secretary | JACOB REINGARDT | 1819 Wazee Street Denver, CO 80202 | Add |
| Managing Director, Vice President and Assistant Secretary | JORDAN KORNBERG | 575 Fifth Avenue 23 rd Floor New York, NY 10017 | Amend Title & Address |
| Other | SCOTT BARNAIK | | Delete |

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OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA