19000017882

· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)	
·	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P TIAW T	MAIL
	(Business Entity Name)	
	(Document Number)	· <u>.</u>
Certified Copies	Certificates of S	Status
Special Instructions to Filing Officer:		





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2020 FEB - 6 PH 1: 27

C. GOLDEN FEB - 6 2020

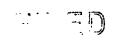
COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: NL TALLAHASSI	EE INC		
DOCUMENT NUM	BER: P19000017882			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Gabriel Suarez			
		Name of Contact Perso	ıı	
	Firm/ Company			
	1808 Medart Dr			
		Address	<u></u>	
	Tallahassee, FL, 32303			
18		City/ State and Zip Coc	le	
	nltallahasseeinc@gmail.co	om		
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	on concerning this matter, plea	se call: at (, 4303 9 68	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niting Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amen Divisi The C 2415	Address dinent Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of



NI Tallahassee Inc

2020 FF3 -6 PH 1:27

NL Tallahassee Inc			ZUZUTE 3 TO THE TEST
(Name o	of Corporation as curren	tly filed with the Florida De	pt. of State)
P19000017882			,
	(Document Number	of Corporation (if known)	····
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			W.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	A professional corporation	
		1808 Medart Dr.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Tallahassee	
		FL, 32303	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1808 Medart Dr	
		Tallahassee	
		FL, 32303	
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent			ame of the
	Tallahassee	treet address)	32303
New Registered Office Address:		(City)	, Florida(Zip Code)
		(City)	(Lip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.
.	Signature of New	Registered Agent, if changing	
Ch. A. F B. A.		a contract to the contract to	
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>9e</u>	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>meş</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	Р		Gabriel Suarez	1808 Medart Dr.
Add		_		Tallahassee, FL, 32303
Remove				
2) Change		_	 	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				-
Remove				

Attach additional sheets, if necessary). (Be specific)
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14

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	loption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast for the amen flicient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments:	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	2/6/20	
O.	1/1 -	
selecte	irector, president or other officer – if directors or officers have no id, by an incorporator – if in the hands of a receiver, trustee, or officed fiduciary by that fiduciary)	
	GABRIEL SUAREZ (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· ·