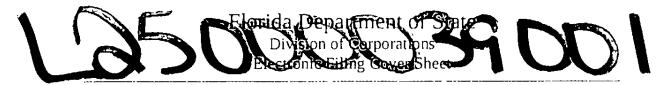
To: 18506176383 Fax: 8134365206 2/4/2025 08:53:14 PST Page: 1/4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000042844 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:							
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **JORANA NNN NO.3 LLC**

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2/4/2025 C9:53:14 PST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jorana NNN No.3 LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L25000039001	oility Company were filed on 01/21/2025	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	2025 FEB -4
B. If amending the registered agent and/or registered office address h	istered office address on our records, <u>enter the n</u> nere:	ame of the new registered
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.

2/4/2025 03:53:14 PST To: 18506176383 Page: 3/4 Fax: 8134365206

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jorana Asturias LLC	7901 4th street N, STE 300	ZiAdd
		St Petersburg, FL 33702	□Remove
			DChange
			Change
			□Add
			□Remove
			「Change
		******	□Remove
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ffective date, if other than the an effective date is listed, the date in fote: If the date inserted in this becomes the effective date on the	ne date of filing: ust be specific and cannot be pricolock does not meet the appli Department of State's records	icable statutory filing re	(optional) than ⁹⁰ days after filing quirements, this date) Pursuant to 605.0207 will not be listed as
beamen selective date on the			he earlier of: (b) Th	ne 90th day after the
record specifies a delayed effect	ive date, but not an effective	time, at 12:01 a.m. on t	(6, 1,	
record specifies a delayed effect l is filed.				
record specifies a delayed effect Lis filed. ated February 4		·		·