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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG **JORANA NNN NO.2 LLC**

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jorana NNN No.2 LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.) (y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L25000039128</u>	01/21/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liabitity Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2025 F
Enter new mailing address, if applicable:	- F
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter 1	Flarida street address
	, Florida

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.

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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>	Address	Type of Action
AMBR	Jorana Asturias LLC	7901 4th street N, STE 300	
		St Petersburg, FL 33702	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			☐ Change
			□Add
			□Remove
			□ Add
			□Remove
			C.Channa

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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effective <u>Note:</u> If th	date, if other than the date of filing:
the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—the 90th day after the
Dated Feb	ruary 4 2025
-	Signature of a member or authorized representative of a member
	Nat Smith Typed or printed name of signee