

L15000096780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

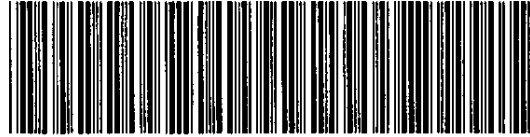
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/15--01049--004 **30.00

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15 AUG -3 AM 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NicoDim Limited Liability Company
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CESAR Gomez
Name of Person
SALA ? Gomez P. A.
Firm/Company
260 CRANDON BLVD. #14
Address
Key Biscayne FL 33149
City/State and Zip Code
mail @ Salagomezpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR Gomez at (305) 361-0105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILING CANCELLED
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Nicosim Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/2/15 and assigned
Florida document number L1500096780

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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**)

260 Crandon Blvd. #14
Key Biscayne FL 33149

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

B. If amending the registered agent and/or registered office 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:

SALA Gomez, D.A.

New Registered Office Address:

260 Crandon Blvd. #14

Enter Florida street address

Key Biscayne

City

Florida

33149

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

Cesar Gomez V.P.

MGR = Manager
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>AMBR</u>	<u>Dimitar Baurer</u>	<u>260 Crandon Blvd #14</u>	<input type="checkbox"/> Add
		<u>Key Biscayne FL 33149</u>	<input type="checkbox"/> Remove

 Change

AMBR Nicole E. Bainov 260 Grandon Blvd #14 ☐ Add
Key Biscayne FL 33149 ☐ Remove

~~A~~ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

15 AUG -3 AM 1147
☐ Add
☒ Remove
☐ Change
☐ Add

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 7/30/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
15 AUG - 3 AM 11:17
ALABAMA DEPT OF STATE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 30, 2015

Dimitar Bainov

Signature of a member or authorized representative of a member

Dimitar Bainov AMBR

Typed or printed name of signer