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PICK-UP	MAIT	MAIL
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

FO: Registration S Division of Co			
Dicks + N	enton Management LLC		
SUBJECT:	Name of Limite	ed Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Lisa Kepics		
		Name of Person	
	Dicks & Nanton, P.A.		
		Firm/Company	
	520 N Orlando Avenue #2		
		Address	
	Winter Park, FL 32789		
		City/State and Zip Code	
	lisa@dnagency.com		
		be used for future annual report notific	cation)
For further information (concerning this matter, please call	:	
Lisa Kepics		407 215-7737 at ()	
Name	of Person		Telephone Number
nclosed is a check for t	the following amount:		
\$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Dicks + Nanton Management LLC

the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices 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) It 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address A Registered Agent's Signature, if changing Registered Agent: The reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is a giled to merely reflect a change in the registered office address. I hereby confirm that the limited liability	(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
This amendment is submitted to amend the following: 1. If amending name, enter the new name of the limited liability company here: 1. Nagency Management LLC 1. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1. Inter new principal offices address, if applicable: 1. Principal office address MUST BE A STREET ADDRESS) 2. Inter new mailing address, if applicable: 2. Mailing address MAY BE A POST OFFICE BOX; 3. 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: 1. Name of New Registered Agent: 1. New Registered Office Address: 2. Enter Florida street address 2. Enter Florida street address 2. The color of the agent's Signature, if changing Registered Agent: 2. The color of the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, FS, Or, if this document is in gifted to merely reflect a change in the registered affect address. I hereby confirm that the limited liability			and assigned
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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>	Name	<u>Address</u>	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
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			☐ Change
			
			Remove
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			Remesse Registration
			Remove Charge

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ective date is listed, the date must be sp	ecific and cannot be price		re than 90 days after fill	ing.) Pursuant to 605.020
If the date inserted in this block de ent's effective date on the Departi			requirements, this da	ate will not be listed a
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January 29		2 1)		
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Signa	ature of a mer trans a	no zed representative o	of a member	AN B JAN
Signa Jack W. Dicks, Member	iture of a mer trate av	no zed representative o	of a member	INISION OF CHANGE

D.

Page 3 of 3

Filing Fee: \$25.00