ha1000 338301

(Re	equestor's Name)	
(Ad	ldress)	
	Litera N	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

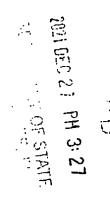
Office Use Only

A. RIVERS
JAN 1 1 2022



200377849622

12/27/21--01020--026 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	nuove LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicola	S Joucevo)
	X Na	Snaue, Le	LC
	1050 N	MAD Address	Blvd
	Port Sair	+ LUCL T	349 & 3
	E-mail address: (t	OUCHOOKINGS @ C	ication)
For further information c	oncerning this matter, please ca	ıll:	
VI COLOS Name o	Bracero f Person	at (1712) 500 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

	OF OF
1	Nic Invove, LLC
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

filed on $\times 0/-26-2021$ and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
50 NW aroso Blyd
2007 Saint Lucle Pl 3498
Same as above. SONU Airoso Blud Pert Stlucie 34
ess on our records, enter the name of the new registere
0 = 1
Enter Florida street address Lucie, Florida 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 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
MGR	RonJunior M Carey	650 NW Airoso	Add
	v	blud	□Remove
			ZChange
	San Innor Mirey	-	□Add
			□Remove
	^		□Change
AMBR Angel L Bracer	Angel L Bracero	650 NW Aires Blue	Add
	•	Port & Lucie 3498:	Remove
			/Change
AMBR	Annette Braceo	650 NW Airoso blue Port St Lucie 34983	□Add
		Port St Lucie 34983	□Remove
			□ Add
		<u> </u>	□Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		🗆 Add
			□Remove
			□Change

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
,	
	17 20 7071
(If an ef Note:	tive date, if other than the date of filing: 2 - 20 - 202/(optional)
the reco	rd 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 iled.
Dated	12/20 2001
	Signature of a member or authorized representative of a member
	Typed or printed name of signee