L21000493434

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800412942428

07/28/23--01017--008 **25.00

25.4 P. 32 E. 3: 32

COVER LETTER

TO: Registration Se Division of Cor				
Nice Luke,	LLC			of Status &
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Charles C Tyrrell			
	-	Name of Person		
	Tyrrell Law, PA		آ : Telephone Number : آ : ن	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Charles C Tyrrell Name of Person Tyrrell Law, PA Firm/Company 800 W Cypress Creek Road, Suite 270 Address Fort Lauderdale, FL 33309 City/State and Zip Code E-mail address: (to be used for future annual report notification) of concerning this matter, please call: at (
	800 W Cypress Creek Roa	d, Suite 270		
	Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Charles C Tyrrell Name of Person Tyrrell Law, PA Firm/Company 800 W Cypress Creek Road, Suite 270 Address Fort Lauderdale, FL 33309 City/State and Zip Code E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: and 305 Area Code Daytime Telephone Number if or the following amount: Tee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificed Copy Certificed Copy Certified Copy			
	Fort Lauderdale, FL 33309			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	د. د . سد
For further information of	concerning this matter, please c	all:		· ··
Charles C Tyrrell		at ()		
Name o	of Person	Area Code Daytime	Telephone Number	ب : : دن
Enclosed is a check for t	he following amount:			ت
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	. •

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 ARTICLES OF ORGANIZATION OF

Nice Luke, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number £21000493434	were filed on November 16, 2021	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	istion "L.L.C."
Enter new principal offices address, if applicable:		~~. 3
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		7.
		. >
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		·
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of	the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Lip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performunce of my duties, and I am fami rovided for in Chapter 605, F.S. Or, if the	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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	Pedro E Giromini	13123 Thoroughbred Loop	
		Largo, FL 33773	BRemove
			Change
AMBR	Carolina Brom	2600 4th Street	 Add
		St. Petersburg, FL 33704	□Remove
			Change
AMBR	Santiago Giromini	2600 4th Street	(_) Add
		St. Petersburg, FL 33704	□ Remove
			
			□Remove
			☐Change 3
			□Add
			□Remove
			() () () () () () () () () () () () () () () () () ()
			[] Add
			□ Remove
			□ Change

				
				
				.
				_
				
			<u> </u>	
				
		·		
	·			
				
	,			
ective date, if other than effective date is listed, the da te: If the date inserted in the nument's effective date on the	te must be specific and cannot his block does not meet th	x be prior to date of filing ne applicable statutory	or more than 90 days aft	er (iling.) Pursuant to 605.020
cord specifies a delayed ef s filed.	fective date, but not an ef	fective time, at 12:01 :	a.m. on the earlier of: ((b) The 90th day after the
ed	202	3 . 0		
ea	 ·	11/ /	` .	•
	20	W X V	hy	
	Signature of a normb	er or authorized represen	tative of a member	
Santiago Giromini		WI		
	1,111	d or printed canne of sign	300	

Filing Fee: \$25.00