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## COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Make It Nice Property Manuferlance LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jimmy Gonzalez JR
Firm/Company
3727 SUNCISE Oaks Dr. Address
Port Orange Flor. 2 32129  City/State and Zip Code  Libonizado J Gon ZA 52 Q outlook. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (384) 866-9933  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address:  Registration Section  Registration Section

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

FILED

Make It Nice Prose ( 2022 MATRO, AUVE Bance L
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (A LARGE SEE, E)
The Articles of Organization for this Limited Liability Company were filed on 3-10-2022 and assigned
Florida document number <u>L220001220</u> .91
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:  Enter Florida street address
, Florida
City 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

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	Jimmy GONZalez JR	70rt Orange Fl. 3212a	<u>.</u> <b>⊻</b> Add
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. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1f t	date, if other than the date of filing:
the record spoord is filed.	pecifies 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	5-25-22
	Signature of a member or authorized representative of a member
	JAMY GUNZa/42 JK
	Ayped or printed name of signee

Filing Fee: \$25.00