L2300000500

(Re	equestor's Name)
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	J. HORNE
		MAR 1 6 2024





900425084589

03/04/24--01028--007 ++25.00



COVER LETTER

ection porations		
N94	166J LLC	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
	Sonia Becerra	
	Name of Person	
	Swyft Filings	
	Firm/Company	
	3 Greenway Plaza #13	320
	Address	
	Houston, TX 77046	5
_	City/State and Zip Code	·
e3	Ssentry@yahoo.com	1
E-mail address: (to be used for future annual i	report notification)
concerning this matter, please c	all:	
есегта	at (877)	777-0450
of Person	Area Code	Daytime Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
ss: Section	<u>Street Ad</u> Registra	<u>Idress:</u> ation Section
Corporations	Division	n of Corporations
27		ntre of Tallahassee Monroe Street Suite 810
	Name of Lim Amendment and fee(s) are sub ondence concerning this matter E-mail address: (concerning this matter, please of ecerra of Person he following amount: S30.00 Filing Fee & Certificate of Status	N9466J LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings Firm-Company 3 Greenway Plaza #13 Address Houston, TX 77046 City/State and Zip Code e3sentry@yahoo.com E-mail address; (to be used for future annual intencerning this matter, please call: eccerra at (877 Area Code Socion Certificate of Status Section Corporations Street Accompositions Street Accompositions Street Accompositions Street Accompositions Street Accompositions The Certificate Corporations The Certificate Corporations Corporations Corporations Corporations Corporations Corporations Division The Certificate Corporations Corp

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



N9466			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appea lability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for Organization for this Liability of Organization for Organization f	were filed on _	01/04/2023	and assigned
this amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	iere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the abbrev	riation "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)		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our	records, enter the name o	f the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Ten regulated gride riddens.	Enter Flo	orida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this	capacity. I further agree of my duties, and I am fam	to comply with iliar 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	Michael Nicolini	1837 BEACONSFIELD DR	Xì∧dō
		WESLEY CHAPEL, FL 33543	Remove
			□Change
			bAdd
			Remove
			□Change
			□Add
			TRemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

	×.34	
Kenneth Willig 37.52 Heather Willig 37.52 Nichael Nicolini 25%		
Michael Nicolinia	5%	
		411
-		
		
		
	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	<u> </u>
	<u>,,, -</u>	
· <u></u>	· 	
tive date if other than the	ate of filing:	(optional)
Teetive date is listed, the date must	he specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 60, y filing requirements, this date will not be lis
nent's effective date on the De	artment of State's records.	y ming requirements, this date with his or his
rd specifies a delayed effective iled.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
neu.		
19 Feb	2024	
	,,	
	`	

Filing Fee: \$25.00