

L05000029193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

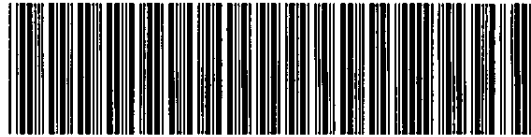
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



400252688104

10/21/13--01012--007 **25.00

FILED
13 OCT 21 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT 23 2013

pro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patchworks, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Tenekedes

Name of Person

Firm/Company

1606 Jefferson Ave. #9

Address

Miami Beach, FL 33139-7607

City/State and Zip Code

beckten@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Tenekedes

at ()

407 484-1826

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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:

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**

Patchworks, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 24, 2005 and assigned
Florida document number L05000029193.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NICH, LLC

The new name must be distinguishable and end with 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)

1606 Jefferson Ave.

Unit #9

Miami Beach, FL 33139-7607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1606 Jefferson Ave.

Unit #9

Miami Beach, FL 33139-7607

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:

Christian Tenekedes

New Registered Office Address:

1606 Jefferson Ave., Unit #9

Enter Florida street address

Miami Beach

Florida 33139-7607

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 608, 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.


Christian Tenekedes
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christian Tenekedes	1606 Jefferson Ave.	<input checked="" type="checkbox"/> Add
		Unit #9	<input type="checkbox"/> Remove
		Miami Beach, FL 33139-7607	
MGRM	Rebecca Tenekedes	327 Kiwanis Circle	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Chuluota, FL 32766-9638	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 OCT 21 PM 3:57
FILED
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 21 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA