

L10 000032052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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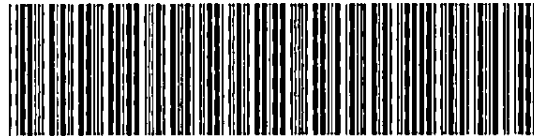
(Business Entity Name)

(Document Number)

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FILED  
SEP - 4 A 11 31  
BULLEARD, MA

OCT 16 2020  
T. LEMPEUX

August 31st, 2020

Florida Department of State -Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

**COVER SHEET FOR AMENDMENT OF LIMITED LIABILITY COMPANY**

Name: **NIQO DEVELOPMENT LLC**

Doc #: L10000032052

EIN: 83-1887459

Fee included: \$60.00 (Filing fee, Certificate of Status & Certified Copy of Articles of Organization)

**CONTACT INFO:**

Monique Williams - President

Phone: 786-286-9946

Email: [molawilliams@gmail.com](mailto:molawilliams@gmail.com)

Return Address: P.O. Box 360146 Tampa, FL 33673

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NIQO DEVELOPMENT 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:

Monique Lacole Williams

\_\_\_\_\_  
Name of Person

NIQO DEVELOPMENT LLC

\_\_\_\_\_  
Firm/Company

401 East Jackson Street suite# 2340

\_\_\_\_\_  
Address

Tampa, FL 33602

\_\_\_\_\_  
City/State and Zip Code

molawilliams@gmail.com

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

For further information concerning this matter, please call:

Monique Lacole Williams

786 286 - 9946

\_\_\_\_\_  
Name of Person

at ( )

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 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**

NIQO DEVELOPMENT 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 03/22/2010 and assigned  
Florida document number L10000032052.

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)**

401 East Jackson Street

Suite #2340

Tampa, FL 33602

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6706 N. Nebraska Avenue #360146

Tampa, FL 33604

**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:

Leroy Wright

New Registered Office Address:

2363 NW 58 STREET

*Enter Florida street address*

Miami

Florida 33142

*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**

[illegible]

