

411000058236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

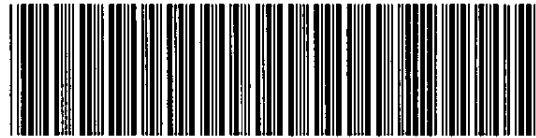
(Document Number)

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AUG 14 2013

D. BRUCE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nicework, LLC

Signature _____

Requested by: SETH

08/12/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nicework, 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 May 17, 2011 and assigned Florida document number L11000058236.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 224 NE 59th Street
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33137

Enter new mailing address, if applicable: 224 NE 59 Street
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33137

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* _____

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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.

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:

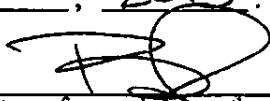
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Clinton Cox</u>	<u>930 Washington Avenue</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Clinton Cox</u>	<u>224 NE 59 Street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33137</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>William Murphy Cox</u>	<u>224 NE 59 Street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33137</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Gianni Cantin</u>	<u>930 Washington Avenue</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 Add
 Remove

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

Dated August 9th, 2013.



Signature of a member or authorized representative of a member

Bibi Ruiz, authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00

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