112000348025

Office Use Only



600317017376

08/17/18--01019--001 ••25.00

2018 AUG 17 PM 1: 15 SECRETARY OF STATE

R. WHITE AUG 2 4 2018

COVER LETTER

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for fitting. Please return all correspondence concerning this matter to the following: TOUSANT TAYLOR Name of Person	TO: Registration Solution of Co.			
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: TOUSANT TAYLOR Name of Person UNCLE SAM INCOME TAX Firm/Company 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()	13 F 1 F 5 T F 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F			
Please return all correspondence concerning this matter to the following: TOUSANT TAYLOR Name of Person UNCLE SAM INCOME TAX FinneCompany 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000			ited Liability Company	
TOUSANT TAYLOR Name of Person UNCLE SAM INCOME TAX Finn/Company 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person UNCLE SAM INCOME TAX Firm/Company 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at (Please return all correspo	ondence concerning this matter	to the following:	
Firm/Company 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()		TOUSANT TAYLOR		
Firm/Company 9746 SW 184TH ST Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()			Name of Person	
Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()		UNCLE SAM INCOME T	ГАХ	
Address MIAMI FL 33157 City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()			Firm/Company	
City/State and Zip Code USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()		9746 SW 184TH ST		
USAMTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOUSANT TAYLOR 305 251-6000 at ()		MIAMI FL 33157	Address	
For further information concerning this matter, please call: TOUSANT TAYLOR at ()		USAMTAX@GMAIL.COM		
TOUSANT TAYLOR 305 251-6000		E-mail address: ()	to be used for future annual report notif	ication)
at ()	For further information of	oncerning this matter, please ca	all:	
Name of Person Area Code Daytime Telephone Number	TOUSANT TAYLOR			
	Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the following amount:	Enclosed is a check for t	he following amount:		
(additional copy is enclosed) Certified Copy	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

FILED

2018 AUG 17 PM 1:15

NITCH OF LIFE, LLC

(Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, FI

The Articles of Organization for this Limited Liability Company were filed on $\frac{04/06/2012}{1}$ and assigned Florida document number ____L12000048025 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." 9746 SW 184TH ST Enter new principal offices address, if applicable: CUTLER BAY FL 33157 (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 ___

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 = Mar AMBR = Aut	nager horized Member		
Title	Name	Address	Type of Action
			□ Remove
		.	Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add

_		Remove
_		Change
Page 2 of	3	

_□ Remove

_____ □ Change

_		
_		
_		
_		
_		
-	· · · · · · · · · · · · · · · · · · ·	
_		
_		
_		
_		
_		
_	· · · · · · · · · · · · · · · · · · ·	
_		
-		
_		
ote:	ve date, if other than the date of filing:	.0207 :d as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of
ated j	08/14/2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00