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AND ANASSEE, FLORIDA

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COVER LETTER

TO: Registra Division	ation Section ; of Corporations ;	4 ,			1 - Jan - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
SUBJECT:/	Vicole Ba	174550	Lccs	,	· · · · · · · · · · · · · · · · · · ·
	N	ame of Limited Liab	ility Company		
The enclosed Art	icles of Amendment and fee	(s) are submitted for	or filing.		
Please return all	correspondence concerning	his matter to the fo	ollowing:		
	<u>Micc</u>	nete Pro	esso ame of Person		
	Conc	rete Pro	perts irm/Company		
	618	E Saut	Address	Suite S	558
	Orlan	City/S City/S S = Propil address: (to be use	State and Zip Code	1801	
	Burgas	il address: (to be lise	ettes (d d for future annual r	Daya Eport Motificatio	<u>r1.(o</u>
For further inform	nation concerning this matte	r, please call:			
Ni'co	Name of Davisor		at (<u>UJ)</u> Area Code	149 4	626
	Name of Person		Area Code	Daytine Tele	pnone number
Enclosed is a che	ck for the following amount	:			
\$25.00 Filing	g Fee	f 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

TO ARTICLES OF ORGANIZATION OF

Nícole /) BU (195D)	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 Lia Florida document number 4608786 This amendment is submitted to amend the followard for the new name of the new name of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name must be distinguishable and contain the work of the new name of the new name must be distinguishable and contain the work of the new name of the n	wing:	L12000106	System (Control	JUL 24 PH 2: 08		
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	618 E Suite Orlando	Say4h 558 F13			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		618 E suite Orland	0 FI	30-801		
B. If amending the registered agent and/or registered agent and/or the new registered off			records, <u>enter</u>	the name of the new		
Name of New Registered Agent: New Registered Office Address:	618 E	South S Enter Florida stre	+ 5011			
	orlan	City	, Florida	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

or removed from our records: please update address MGR = Manager AMBR = Authorized Member <u>Title</u> Address **Type of Action Name** Nicole Barrass apt 1211 WinterPack F1 32792 ☐ Remove __hange □ Add ☐ Remove ☐ Change \square Add □ Remove Change Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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r reco	tive date, if other than the date of filing: (option	mal)		
(If an e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fig. If the date inserted in this block does not meet the applicable statutory filing requirements, this ement's effective date on the Department of State's records.	iling.) Purst	iant to 60 ot be lis	05.0207 (3)(b) sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a. e 90th day after the record is filed.	m. on th	ne earl	ier of:
Dated	1-21-20,15 111,0 Ber	SECRETA!		The second secon
	Signature of a member or authorized representative of a member	<u> </u>	+ PH	
	Dicate Barrasso	F STAT FLOR	5	O
	Typed or printed name of signee	- RATE	80	

Page 3 of 3

Filing Fee: \$25.00