## L12000141214

(Requ	estor's Name)	
(Addre	ess)	_
(Addre	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Name	<u>-</u>
(203)	1003 Linky Harris	-,
(Docu	ment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only

A. RIVERS

NOV 0 3 2021



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## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT	Nevermind	Us LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
		Amendment and fec(s) are sub		
Please retu	rn all correspo	indence concerning this matter	to the following:	
		Andrea Sanders		
			Name of Person	
		Nevermind Us LLC		
			Firm/Company -	
		927 Cape Coral Pkwy E		
			Address	
		Cape Coral, FL 33904		
			City/State and Zip Code	
		info@twoquickchicks.com  E-mail address: (	to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
Andrea Sa	nders		239 224-9229	
	Name o	f Person	at () Area Code Daytime Telephone Number	
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	
	failing Addres		Street Address: Registration Section	
D	ivision of C	Corporations	Division of Corporations	
P.	.O. Box 632	. I	The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nevermind Us LLC			
(Name of the Limi	ted Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	<del></del>
The Articles of Organization for this Limited I	•		nd assigned
Florida document number L12000141214			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET_ADDRESS)		
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE			
•	_		
B. If amending the registered agent and/or	registered office addr	ess on our records, enter the name of t	he new registere
agent and/or the new registered office addre	ess here:		32
			-7
Name of New Registered Agent:	Andrea Sanders	····	157
New Registered Office Address:	927 Cape Coral Pkw	y E	(2)
HOW REGISTER OTHER Address.		Enter Florida street address	-5
	Cape Coral	, Florida <sup>33904</sup>	FH 12:
•			Code (S)

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Shannon Yates	5329 Bayshore Ave	
		Cape Coral, FL 33904	■Remove
		<del></del>	□Change
MGR	Andrea Sanders	1326 Cordova Ave	≅Add
	•	Fort Myers, FL 33901	□ Remove
			□Change
MGR	Walter Thomas	1211 Wales Dr	<b>\(\begin{align*} \Bar{Add} \end{align*}</b>
		Fort Myers, FL 33901	□Remove
•			Change
			□ Add
			□Remove
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fective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5 02
te: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ted
cument's effect	ive date on the Department of State's records.	
ecord specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er th
October 23	rd 2021	
(LA	ish foulls	
-0 1	Signature of a member or authorized representative of a member	
Andre	a Sanders	
	Typed or printed name of signee	

Filing Fee: \$25.00