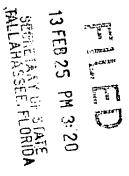
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(Re	questor's Name)	
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FEB 26 2019 B. KOHR

COVER LETTER

TO:

Registration Section **Division of Corporations**

LINDA NICOLE & CO. 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:

Adam B. Portnow

Name of Person

Law Office of Adam B. Portnow, P.L.

Firm/Company

2071 Main Street

Address

Sarasota, FL 34237

City/State and Zip Code

adam@portnowlaw.com

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

For further information concerning this matter, please call:

Linda Siegel

at (941) 822-6428

Area Code & Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINDA NICOLE & CO. LLC

company has been notified in writing of this change.

(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 L	iability Company were file	_{ed on} 2/21/2013	and assigned
Florida document number L13000027318			·
			李 五
This amendment is submitted to amend the foll	owine:		2000
	•		10 S
A. If amending name, enter the new name o	f the limited liability con	npany here:	15 C.
			بن ن الم
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabi	lity Company," the designation	"LLC" or the thereview
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET 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 add	ress on our records, ente	r the name of the ne
registered agent and/or the new registered o	ffice address here:		-
Name of New Registered Agent:	Adam B. Portnow		
New Registered Office Address:	2071 Main Street		
		Enter Florida street c	uddress
	Sarasota	, Florida	34237
	City	, i lorida	Zip Code
New Registered Agent's Signature, if changing	Pagistared Agent:		•
ive registered Agent's Signature, it changing	regulered Agency		
I hereby accept the appointment as register	ed avent and avree to ac	t in this capacity. I further	agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Type of Action
MGRM	Linda N. Siegel	4035 School Ave	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Suite A2	Remove
		Sarasota, FL 34231	
MGR	Linda N. Siegel	4035 School Ave	Add
		Suite A2	Remove
		Sarasota, FL 34231	
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove

mending any other information,	enter change(s) here: (Attach additional sheets, if necessary,
February 22	2013
Spila	N. Sieizel
	e of a member or authorized representative of a member
Linda N. Siegel	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00