0001678

(Requestor's Name)	
(Address)	00031042
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	03/19/1801035-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Spoke to Elmita Massinessaniko	
who gave permission to add Fashion to name.	

Office Use Only



9970

-008 **30.00

B FIGUEROA MAR 21 2018

COVER LETTER

Registration Section

TO:

Divis	sion of Cor	porations		
SUBJECT:	Name chan	-		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. ceturn all correspondence concerning this matter to the following: Elmita H Massinessaniko			
		e change Of Niko Designe's Discounts, LLC to Niko Fashion, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: Elmita H Massinessaniko		
		Niko Designer's Discounts	, LLC	Code Inual report notification) 485 3272 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) EEET/COURIER ADDRESS: Instration Section Instruction Social Section Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		8444 Mcgirts Village Ln		
			Address	
	Name change Of Niko Designe's Discounts, LLC to Niko Fashion, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Elmita H Massinessaniko Name of Person Niko Designer's Discounts, LLC Firm/Company 8444 Megirts Village Ln Address Jacksonville Florida, 32210 City/State and Zip Code elmitabenry@yahoo.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: ssinessaniko Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 2661 Executive Center Circle			
			City/State and Zip Code	
		·	to be used for future annual report noti	fication)
For further inf	formation co		·	,
Elmita H Mas	sinessaniko	,		
	Name of	f Person	Area Code Daytim	e Telephone Number
Ercor EHM		_		
a \$25.00 Fil	ling Fee		Certified Copy	Certificate of Status & Certified Copy
	Registra Division P.O. Bo	ation Section n of Corporations ox 6327	Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Niko Designer's Discounts, 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 $\frac{12/02/2013}{12/02/2013}$ and assigned Florida document number L13000167893 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." Enter new principal offices address, if applicable: (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

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:

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
		·	☐ Change
			☐ Add
			☐ Remove
		· · · ·	☐ Change
			□ Add
			□ Remove
			Tagengay
			TARY OF CORPO
			FORATIONS RESE
			On Em

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary		
		·	-
_		- 	-
			_
			•
_			•
_			
_			
			
•			
			
•			
f an effec Note: If documer	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date vert's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the specifies and the specifies are specified as the specifies and the specifies and the specifies are specified as the specifies and the specifies are specified as the specifies and the specifies are specified as the	vill not be liste	ed as
The 9	Oth day after the record is filed.	ii uic eaille	≎i UI
Dated _	· · · · · · · · · · · · · · · · · · ·		
	Signature of framber of authorized representance of a member	18 MAR	DIVISIO
	Elmita H Massinessaniko	R 19	
	Typed or printed name of signce		TORY TORY
		∵	Š,
	Page 3 of 3	 	_≟:

Filing Fee: \$25.00