# L14000084374

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> SECRETARY OF STATE, ALL AHASSEE, FLORING

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Margaret Moody Javidson Name of Person
Firm/Company
121 N. Monroe St. #1409 Address
Tallahassee FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margaret Mondy Davidson at (850) 567-4713  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

Nappy Lit	fe LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LI400084374.	were filed on <u>05/27/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of		32301
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	CRE TO
	, Florida	20 P
New Registered Agent's Signature, if changing Registered Agent:	City	Žig Code ቹ 🔘
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am f	ree to Edmply with the familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 AMBR = .	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Margaret Davidson	121 N. Wonroe St. # 1409	<b>S</b> Add
		Tallahassee, FL 32301	Remove
٠.			Change
AMBR	Devin Harris	2819 Mission Road	Add
	•	Tallahassee, 71	Remove
		32304	Change
E SCHOOL STREET	A Thomas a successing		
			Remove
			Change
EMBR	Kevin Peterson	2945 TewksburyT	Tack DAdd
		Jallahassee, FL 32305	<b>1</b> □ Remove
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Note: If the date in	other than the date sted, the date must be sp serted in this block do e date on the Departn	oes not meet the ap	plicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuar , this date will not	nt to 605.020 be listed a
	ies a delayed effe after the record is		not an effecti	ve time, at 12:(	01 a.m. on the	earlier o
Dated 04	-20-18	<u> </u>	·			
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			authorized represent			

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Filing Fee: \$25.00