(Requestor's Name) (Address)	900352877639		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	10/01/2001023004 **25.00		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	S TALLEN' OCT 05 CCC		
Special Instructions to Filing Officer:	EP 30		
	PH 5: 46		

Office Use Only





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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2020

AMBER MURPHY AMBER NICOLE INDUSTRIES, LLC 5415 LAKE HOWELL ROAD SUTIE #315 WINTER PARK, FL 32792

SUBJECT: AMBER NICOLE INDUSTRIES, LLC

Ref. Number: L15000098252

We have received your document for AMBER NICOLE INDUSTRIES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00008289

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
CHRIPCT.	AMBER NICOLE	INDUSTRIES, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
rease return an corresp		<u>,</u>	
	Ar	Mber Murph Name of Person	<u>ny</u>
	Am	ber Nicole Industrie	s
		Firm/Company	
	5415 Lak	e Howell Road Suit	e #315
		Address	
	Wi	inter Park FL 32792	1
		City/State and Zip Code	
		yOrganized@gmail. to be used for future annual report not	
To a Coast on in Communication			
	concerning this matter, please c	dii.	
	er Murphy	at (321) 276 - Area Code Daytin	0537
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
N \$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 Addro		Street Address: Registration S	ection
Division of	Corporations	Division of Co	rporations
		· -	
Mailing Addre	S30.00 Filing Fee & Certificate of Status Section Corporations 27	Certified Copy (additional copy is enclosed) Street Address: Registration So Division of Co The Centre of	Certificate of Status Certified Copy (additional copy is enclo ection proporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amber Nicole Industries, LLC

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000098252</u>		06/04/2045	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the abbi	reviation "L.L.C.P.
Enter new principal offices address, if applicable:		***	S
(Principal office address MUST BE A STREET ADDRESS)			· -5
			Ö
			PH
Enter new mailing address, if applicable:			90 PH 5: 46
(Mailing address MAY BE A POST OFFICE BOX)		***	μó
triuming daures, mari De arrows of their more	 		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			of the new registered
	Enter Floi	rida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of rovided for in ("my duties, and I am fa Thapter 605, F.S. Or, ij	miliar with and f this document is

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
MGR	Metts, Lana	5415 LAKE HOWELL ROAL	O □Add
		SUITE 315	Remove
		WINTER PARK, FL 32792	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		**	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	11-21-2 Section 2			
				 -
ffective date, if other than the dat an effective date is listed, the date must be: ote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applicab	date of filing or more than 90 le statutory filing requires	(optional) I days after (iling.) Pursuant onents, this date will not b	10 605,0207 be listed as
record specifies a delayed effective da is filed.	te, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day	y after the
April 1	2020			
	ambr n	why		
	rature of a member or authori	zed representative of a mem	ner	_
218	mine of a member of antion			

Filing Fee: \$25.00

June 24, 2020

REF NUMBER L15000098252

Due to the COVID-19 I was unable to check my business mail box and I just now was able to and saw the notice that I wrote the check payable incorrectly when previously sending the original check. I hope this arrives in enough time so that my filing will not be considered abandoned.

Thank you very much, Amber Murphy Amber Nicole Industries, LLC