## L15000 207556

(Re	questor's Name)	
(Ad	dress)	<del></del> -
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	<u>.                                    </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



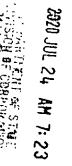
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SEP 15 2020

S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporation			11
SUBJECT:	THE NIC	KEL STORE	LLC
SUBJECT:		ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Julio CHAN Name of Person	9
	THE	NICKEL STORE	EUC
	3	100 W. 84 S	T Unit 9
	+	Address Haleah Fr	33018
-		City/State and Zip Code  ELSTORE @ G  to be used for future annual report notified.	
For further information conc			
SULIC Name of Pe	CHANG rson	at $\frac{305}{\text{Area Code}}$ Daytime	75-4798 e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KEL STORE LLC & T
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on 12/14/A and signed
This amendment is submitted to amend the following:	<b>乗覧器 る</b>
A. If amending name, enter the new name of the limited liabi	<del></del>
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	~/A-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	3100 W. 84 ST Unit 9  Enter Florida street address  HIAVEAH, Florida 33018
	HIAVEAH, Florida 33018
	Čity Zip Code

## 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 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
AP	JULIO CHANG	3100 W. 84 ST	□Add
•	·	Unit 9	□Remove
		3100 W. 84 ST Unit 9 Hialeah, Fl 33018	Change
			□ Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
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			□Change
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		<del></del>	□Change
	<del></del>	🗀 Add	
		□Remove	
			□ Change

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<del></del>	<del></del>
ote: It	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	$\frac{7/21}{\sqrt{2020}}$
	Signature of a member or authorized representative of a member
	JULIO CHANG
	JULIO CLIANCE