## L160000002830

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300374606463

10/12/21--01038--027 \*\*60.00

21 00T 12 FH12: 02

## **COVER LETTER**

SUBJECT: ]	Vodhin		mited Liability Company	
The enclosed A	Articles of Ar	mendment and fee(s) are so	abmitted for filing.	
Please return a	ll correspond	lence concerning this matte	er to the following:	
		DWAYNI Nothin 232 Malter Fern Paik	Name of Person  NICC Productions	1
			$\vee$	tification)
For further info	ormation con	cerning this matter, please	call:	
Dwayn	Name of P	erson	at (716) 380 Area Code Daytir	me Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fil	ing Fec	☐ \$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)

TO:

Registration Section Division of Corporations

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 $007 \ 12 \ 74.12:02$ OF

Nothin Nice Produc	
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number \( \lefta \frac{1}{6} \lefta 0 0 0 \times \frac{2}{3} \times \).  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	t .
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	232 Maltere Crole HY
Principal office address MUST BE A STREET ADDRESS)	Feln Palk, Florida
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	232 Maltese Cicle #4 Fein Paik, Florida 32730
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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

21 007 12 PH 12: 02

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	DNAYNE Lucas	232 Maltex Cicle HY	🗹 Add
	1	232 Maltex Cicle HY Fein Palh, Florida 32730	□Remove
			Change
			⊠Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			□Add
		<del></del>	□Remove
		<del></del>	□Add
			□Remove
			□Change

	her information, enter change(s) here: (Attach additional sheets, if necessary.)  21 007 12 PF12: 02
	7100110
<del></del>	
<del></del>	
<u>-                                     </u>	
<del>-</del> -	
ffective date, if oth	er than the date of filing: (optional)
an effective date is listed	I the date must be specific and cannot be prior to date of filing or more than 90 days after a provider of specific and cannot be prior to date of filing or more than 90 days after a provider of specific and cannot be prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to date of filing or more than 90 days after a prior to day of the prior to day
ote. If the date fiser	ied in this plock does not meet the applicable statutory filing requirements, this date will not be listed as
beament a criccitye di	ate on the Department of State's records.
record specifies a dela	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	• • • • • • • • • • • • • • • • • • • •
ated 60	ne/ 5 1021
<u> </u>	7001
	()
	Signature of a member or authorized representative of a member  During Luca  Signature of a member or authorized representative of a member  Typed or printed page of signee
	and the state of authorized representative of a member
	. //

Filing Fee: \$25.00