

L160000 97670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

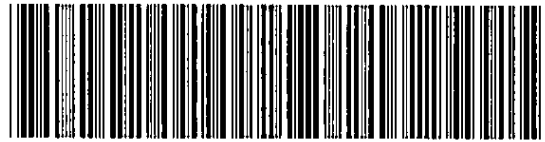
(Business Entity Name)

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D SCOTT

MAY 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nix International, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tavarion Nix

Name of Person

Nix International, LLC

Firm/Company

1702 Newark Street South

Address

St. Petersburg, FL 33711

City/State and Zip Code

tavarionnix@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorac A. Nix

Name of Person

at (240) 353-1429

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2018 MAY 14 A 4:15
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE 1ST JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

Nix International, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/18/2016 and assigned Florida document number LI6000097670.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Tavarion Nix</u>	<u>1702 Newark St. South</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL 33711</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jelani Nix</u>	<u>121 Luke Ct</u>	<input checked="" type="checkbox"/> Add
		<u>New Bern, NC 28560</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 6, 2019

J. N. L. J.

Signature of a member or authorized representative of a member

Логач А. Ник

Typed or printed name of signee