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2022 HAY 10 PH 4: 53

May 5, 2022

To whom it may concern:

As requested, this cover letter includes my daytime telephone number and return address.

Phone: ((252) 504-8307

Address: 403 South Dixon Street, Apt 102, Gainesville, TX 76240

Thank you,

**Tavarion Nix** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

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:  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  240 353-1429  Name of Person  Name of Person  Number
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  240 353-1429 at ( )
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  240 353-1429 at (
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For further information concerning this matter, please call:  Lorac A. Nix  240 353-1429
Lorac A. Nix 240 353-1429 at ( )
at ( )
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 10 PM 4: 54

Nix International, LLC		eren k
(Name of the Limited Liah (A Flor	illity Company as it now appears on our record- ida Limited Liability Company)	TALLAHASSEE, FL
he Articles of Organization for this Limited Liability lorida document number L16000097670	Company were filed on 05/18/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
lix International Skills Academy LLC		
ne new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADI	DRESS)	·
		· · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
. If amending the registered agent and/or register		the name of the new regi
gent and/or the new registered office address here	Ģ.	
No see (SM - Do See - Lee - see		
Name of New Registered Agent:		<del></del> · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	S
	, Flo	orida Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ocept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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

<u>Title</u>	Name	Address	Type of Action
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