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B. BRUCE APR 0 8 2019

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Nervouslig	ht Capital LLC Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
Michael Yusko			
		Name of Person	
Nervouslight Capital L	LC		
		Firm/Company	
7619 Uliva Way		Address	
Sarasota, FL, 34238			
	mike@mikeyusko.com	City/State and Zip Code	ication)
	E-mail address: (to	be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ll:	ASSE ASSE
Michael Yusko		(519) 27/ 7009	CFLC A
Name of	f Person	at (<u>518</u>) <u>376-7008</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on May 17, 2017	and assigned
Florida document number <u>L170001091230</u>	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of th	ne limited liability company here: Mayor & Son	LLC
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:	=	
registered agent and/or the new registered of	gistered office address on our records, <u>enter the</u> fice address <u>here</u> :	name of the sew
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r toriaa street address	ORIE P
	, Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent und 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 **Title** Address Name

Address	Type of Action
	Remove
	Change
	Remove
	- Emove
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	ORIGINAL CONTROL OF THE PROPERTY OF THE PROPER
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	□ Remove
	Change
	□ Add
	□ Remove
	Change

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E. Effective	late, if other than the	date of filing:		((optional)
(If an effective	e date is listed, the date mus	t be specific and cannot	be prior to date of file	ing or more than 90 days	after filing.) Pursuant to 605.0207 (3)(b), this date will not be listed as the
	s effective date on the Do			. yg . oqu oo	, who date with not ye holds as the
	d specifies a delayed I day after the reco		but not an effe	ctive time, at 12:	01 a.m. on the earlier of:
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Dated <u>Ma</u>	rch 27, 2019				
		Signature of a member			
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	γρω.		T		
	Michael \				····
		typed	or printed name of si	ignee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, ifnecessary:)

Page 3 of 3

Filing Fee: \$25.00