L17000219583

(Requestor's Name)
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(Address)
(Nadie33)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

то:	Registration Se Division of Cor					
CHO H		r Enterprises, LLC				
SUBJI	ECT:	T:Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Mary Falduto				
			Name of Person			
		The Learning Experience				
			Firm/Company			
210 Hillsboro Technology Drive						
Address Deerfield Beach, FL 33441						
		mfalduto@tlecorp.com E-mail address: (to be used for future annual report notification)				
For fur	ther information co	h-mail address: (oncerning this matter, please c	·	ilication)		
Mary	Falduto		561 886-6400 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclos	ed is a check for th	ne following amount:				
■ \$2	5.00 Filing Fee	□ \$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)		

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



Nicole Blair Enterprises, LLC

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

	A Florida Limited Liability Company)	$\mathcal{F}_{\mathcal{F}_{i_0}}$
The Articles of Organization for this Limited Lia	ability Company were filed on 10/23/2017	and assigned
Florida document number L17000219583	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	[ADDRESS]	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
	-	
B. If amending the registered agent and/o		, enter the name of the nev
registered agent and/or the new registered off	ice address here:	
Name of Many Desistant Access		
Name of New Registered Agent:		
Many Davistaged Office Address.		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address	_•
New Registered Office Address:		rida
New Registered Office Address: New Registered Agent's Signature, if changing R	Flo	ridaZip Code

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 = M AMBR = A	lanager Authorized Member	Address Address Address Address Address Address Address		
<u>Title</u>	Name	Address Address	AMII: 26 Type of Action	
MGR	Linda Weissman		([×] √ · · · · · · · · · · · · · · · · · ·	
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	THE SSTEP SON
Effective date, if other than the date of filing: 10/25/2017	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
the record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated 10/25 2017	
<u> </u>	-· >

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00