## L18000027964

(Re	equestor's Name)	
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corp	porations					
~	Nikki Lee S	egraves, LLC					
SUBJECT:		Name of Limited Liability Company					
		Amendment and fee(s) are submodence concerning this matter	-				
		Nikki Segraves Wood					
			Name of Person				
		Nikki Segraves, LLC					
			Firm/Company				
		119 Berger Place					
			Address				
Fort Walton Beach, FL 32548							
	City/State and Zip Code						
		nikki@liveplayown.com					
		E-mail address: (	to be used for future annual report no	tification)			
For further in	nformation co	oncerning this matter, please ca	all:	्रांत्र स्वर	PH 1:2		
Nikki Segra	ves Wood		850 4200955 at ( )		24		
	Name of	f Person		ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
Re Di P.(	illing Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oe Street, Suite 819	0		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nikki Lee Segraves, LLC (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 Liability Company were filed on  $\frac{1/31/2018}{1}$ and assigned Florida document number \_\_\_\_\_\_L18000027964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nikki Segraves Wood, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida

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>	Address	Type of Action
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