## L18000065526

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: EX	VIHILO, LLC	
	ER:L1800006	,	<u> </u>
The enclosed Articles of	of Amendment and fee are so	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	TETE	c Youngmer	7
	EK	MIHILD, LCC	
		Firm/ Company	-
	5201	POUR TREE	
		TETER / OUNGREEN  Name of Contact Person  EX NIHLD, LCC  Firm/ Company  OI DOUE TREE  Address  RLANDS, FL. 32811  City/ State and Zip Code  Arl / OUNGREEN & GMAIL. Company  otter, please call:  at (630) 779. (530)  Area Code & Daytime Telephone Number  and made payable to the Florida Department of State:  Fee & DS43.75 Filing Fee & DS52.50 Filing Fee	
	ORLAN	100, FL 32	811
		City/ State and Zip Code	e
	peter karl y E-mail address. (	to be used for future anuma	I report notification)
For further information	concerning this matter, plea-	se call:	
FEREN Y	aneren	at ( 630	779. 1520
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	nrtment of State:
<b>21</b> \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Mailing Addr Amendment S Division of Co P.O. Box 632	ection orporations	Amend Divisio	ment Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

11775 10 511 3:07

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2020

PETER YOUNGREN EX NIHILO, LLC 5201 DOVE TREE STREET ORLANDO, FL 32811

SUBJECT: EX NIHILO, LLC Ref. Number: L18000065526

We have received your document for EX NIHILO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00022517

Shelia S Young Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

TO: Registration Division of C	Section , , , or , or porations		
empirate.	EX NIHILO,	ttc	
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PETER	Joun Creen Name of Person	
		Y 11H1CO / CCC	
	5201	DOUE TREE	-
	ORLAND.	OFL 325 City State and Zip Code	3_11
	peter ka E-mail addiess:	(to be used for future annual report position	11 - 60 m
For further information	n concerning this matter, please c	call:	
FRINA	HAYOON e of Person	at (630) 779. Area Code Dayrime	152 o
Enclosed is a check for	r the following amount:		
. 1 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(II \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u>		Street Address:	
Registration		Registration Sect	
Division of P.O. Box 6	Corporations 327	Division of Corpo The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EX N	inilo,LIC		<del></del>
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability of Horida document number 11800065516	Company were filed on 03	3/13/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	vited liability company her	<u>e</u> :	
the new name must be distinguishable and contain the words "Lin	nited Liability Company," the de-	signation "LLC" or the abbi	reviation "L.L.C"
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD.	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere	ed office address on our re	cords, enter the name	of the new registe
agent and/or the new registered office address here:		<del></del>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Floru	da street address	
		. Florida	
	Cith	Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent	t and agree to act in this co	apacity. I purther agre	re to comply with

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

<u>Title</u>	Name	Address	Type of Action
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December 20th 2020

Sheila S Young
Florida Department of State – Division of Corporations
P.O.Box 6327, Tallahassee, Florida. 32314

RE:

Ex Nihilo, LLC

Peter Youngren

Letter Number: 220A00022517

Sheila,

Thank you for your letter dated November 10<sup>th</sup> 2020. Please find the following enclosed to rectify my original correspondence:

- a. A new check for \$30.00 for filing fee/certificate of status
- b. The correct forms filled out for an LLC instead of a CORPORATION
- c. A copy of your letter dated November 10th 2020

Please do not hesitate to contact me at any time if there are any additional problems with my paperwork. All of my contact information is below.

Sincerely,

Peter Youngren

Managing Partner - Ex Nihilo

D. 630.779.1520

E. peterkarlyoungren@gmail.com

A. 5201 Dove Tree St, Orlando, FL 32811