

**L18000138173**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

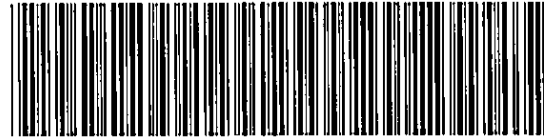
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2018 OCT -1 AM 11:37  
COUNTY OF ST. LOUIS  
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D BRUCE  
OCT 06 2018

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: NICOLORE LLC

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:

Luca CM Melchionna, Esq

Name of Person

Melchionna, PLLC

Firm/Company

3 Columbus Circle, 15 Floor

Address

New York, NY 10019

City/State and Zip Code

lcm@melchionnalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca CM Melchionna

646 595-8230

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2018 OCT -1 AM 11:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NICOLORE 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 06/04/2018 and assigned  
Florida document number L18000138173.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

200 ST. ANDREWS 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:**

200 St. Andrews Blvd. #2006

**(Principal office address MUST BE A STREET ADDRESS)**

WINTER PARK, FL 32792

**Enter new mailing address, if applicable:**

200 St. Andrews Blvd. #2006

**(Mailing address MAY BE A POST OFFICE BOX)**

WINTER PARK, FL 32792

**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*

Florida

*City*

2018 OCT 1 AM 11:30  
FILED  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**MGR = Manager**  
**AMBR = Authorized Member**

2019 OCT 1 AM 11:37  
Remove  
Age

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PROBATION DEPT  
TALLAHASSEE FL 32301

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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/28/2018

LCM 1000

Signature of a member or authorized representative of a member

Luca CM Melchionna

Typed or printed name of signee