## 48000/42883

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Nig Malys Name of Limite	Jashi ONS d Liability Company	JJC
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	_ Nanc	Name of Person 1	· S
	Evigma	Name of Person  LS  Fash  Firm/Company	ons JHC
	628 E	Vine St Address	<del></del>
	Missim	mee Liv/State and Zip Code	347411
	Nave Survey Elmonadoress: (to	be used for future annual report notifie	ocation)
For further information ed	oncerning this matter, please cal	1:	
Marcos Name of	Person Aviroves	at ( <u>439</u> ) <u>July</u> . Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (add:tional 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Evig malys	ny as it now appears on our records.)	<i>fC</i>
	were filed on	Of Fand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  NIGMO  The new name must be distinguishable and contain the words Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1- 1LC	the abbreviation "L.L.C."  ——————————————————————————————————
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		<del>2</del> <del>2</del> <del>1</del>
New Registered Office Address:	Enter Florida street address	7: 38
	, Florid	ta
	5 Mg	

## 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 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
			□Add
			□Remove
			□Change
	<del></del>		
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Effective date, if other than the date of filing:	ional) r tiling.) Pursuant to 605 is date will not be liste	5.0207 ( ed as tl
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ord is filed.	b) The 90th day afte	r the
Dated 1/6/3930 Junores Berry		
Signature of a member or authorized representative of a member  Namaj Outhorized representative of a member  Typed or printed name of signee		

Filing Fee: \$25.00