## L18000146923

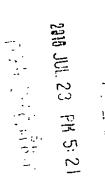
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## **COVER LETTER**

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TO:	Registration Se Division of Corp						
empre		Professional Housekeeping					
SUBJE	C1:	Name of Lim	ited Liability Company	<del></del>			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Wanita Vest					
			Name of Person	<del></del>			
		Nurture Your Nest , LLC	•				
	Firm/Company						
		86057 Santa Barbara St					
			Address	<del></del>			
		Yulee, FL 32097					
			City/State and Zip Code				
		vest.wanita@gmail.com  E-mail address: (to be used for future annual report notification)					
For furt	her information co	oncerning this matter, please co	all:				
Wanita	vest		904 206-2056				
	Name o	f Person		Telephone Number			
Enclose	ed is a check for th	e following amount:					
\$25	i.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

The Elect Professional Housekeeping, 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 June 14, 2018 and assigned Florida document number \_\_\_\_\_L18000146923 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nurture Your Nest, 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

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 = Ms $AMBR = As$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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i effective date is listed, the date meter. If the date inserted in this	ne date of filing: ust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	o 605.02 e fisted :
record specifies a delay The 90th day after the re	ed effective date, but not an effective cord is filed.	ve time, at 12:01 a.m. on the e	arlier (
July 20	. 2018		
	not	ative of a member	

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Filing Fee: \$25.00