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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Nicol V Ser	rcices LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Edgar Villanueva		
			Name of Person	
			Firm/Company	 -
		16309 NW 91 Court		
			Address	
		Miami Lakes, FL 33018		
			City/State and Zip Code	
		edgarvillanueva0520@hotm		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Edgar Villa	nueva		786 251-2422 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	Filing Fec	□ \$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:

TO:

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

Nicol V Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 06/25/2018 and a

(A Pionda Limited i	Ciaomty Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000157609</u>	were filed on <u>06/25/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18 JU
		- 2 - 35
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		£8 5.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edgar Villanueva	16309 NW 91 Court	
		Miami Lakes, FL 33018	□ Remove
			■ Change
MGR	Emilio E. Flores Icabalceta	1407 NW 31 Ave	∃ Add
		Miami, FL 33125	□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			
		<u> </u>	□ Remove
			☐ Change
			
			Remove
			☐ Change

Effective date, if other than the date of filing: [If an effective date, it is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated TOLY 9, 2018 Shipparte of a member or authorized representative of a member	If amending any other information, enter change(s) here: (Attach add	mional sneets, y necessary.	
Effective date, if other than the date of filing:	·		
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Tuy 9, 7018			
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= to product	7.018		
Signature of a member or authorized representative of a member	Dated , ZOIA		
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	Signature of a member or authorized representat	tive of a member	

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Typed or printed name of signee

Filing Fee: \$25.00