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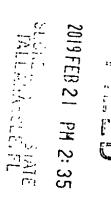
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R. WHITE FEB 2 C 269

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Nest Luxu Name of Lim	u Living LLC itel Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ichelle Bondi Name of Person	
	Nes	St Luxury Livin Firm/Company	8 cic
	1780 S. No	va Rol Quite 8	549
	Daytona	F(. 38119 City/State and Zip Code	
	<u>Metmel</u> E-mail address: (o Col, Come to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
<u>Melodu</u> Name o	Person	at (<u>386</u>) <u>760 . 3</u> Area Code Daytime	776 X S Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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:

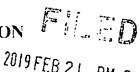
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**



(Name of the Limited Liability Comp (A Florida Limited	wings and Decor CLC pany as It now appears on our records.) SEE, ELL d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1800190399</u> .	ny were filed on 8/8/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited trid	bility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1780 S. Nova Ad Suite 849 Daydonce, Fr. 32119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	Michelle Bondi
New Registered Office Address: 178	0 S. Dova Rd. Suite 849 Enter Florida street address
	Daytona Florida 32119 City Zip Code

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	John Hinton	949 Beville Road	E CAdd
		949 Beville Road S. Daytona, Fl. 32119	☐ Remove
			Change
		Add	
			□ Remove
			Change
		□ Add	
			Remove
			Change
			D Add
			□ Remove
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			Add
			🗆 Remove
			□ Change

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(If an et Note:	ive date, if other than the date of filing: 2019 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the series effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	2/01 . 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00