L18000207493

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COVER LETTER

Division of Co	rporations		
Nichols R	enovations and Rapairs LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Earnest Nichols III		
		Name of Person	
	Nichols Renovations and R	Repairs LLC	
	- , .	Firm/Company	
	8420 NW 13TH CT		
	 	Address	
	OCALA FL 34475		
		City/State and Zip Code	
	EARNESTNIII@GMAIL.C		
	E-mail address: (t	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	ill;	
Earnest Nichols III		352 362-6671 at () Area Code Daytime	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the 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

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Effective date for this filing 08/24/2018

Certificate of Status Requested Yes

Certified Copy Requested No

Limited Liability Company Name NICHOLS RENOVATIONS AND REPAIRS. LLC.

Principal Place of Business

Address

8420 NW 13TH COURT

Suite, Apt. #, etc.

City, State

OCALA, FL

Zip Code & Country 34475,

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, Eirst, Middle, Title) NICHOLS, EARNEST, , III

8420 NW 13TH COURT

Suite / Apt. # , etc.

City, State Zip Code & Country

Registered Agent Signature EARNEST; NICHOLS III

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name EARNEST NICHOUSE

E-mail Address EARNESTNIII@GMAIL.COM

Signature of a member or anfauthorized representative:

Signature EARNEST, NICHOLS:

Name And Address of Rerson(s) Authorized to Manage LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Nichols Renovations and Rapairs /	LC.	SECRETARY OF SIATE
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	TALLAHASSEE, FLÖRIÖZ
The Articles of Organization for this Limited Liabil	ity Company were filed on August 29, 2018	and assigned
Florida document number L18000207493	 '	
This amendment is submitted to amend the following	าศิ:	
A. If amending name, enter the new name of the	limited liability company here:	
Nichols Renovations and Repairs 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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or		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	
	, Floric	da
_	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
		·	☐ Change
			□ Remove
			Change
			□ Add
		·	□ Remove
			□ Change
			Add
			Remove
			Change
			Add
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D. If amend	ling any other information, en	ter change(s) here:	(Attach additional sheets, i)	(necessary.)	
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(If an effecti <u>Note:</u> If)	date, if other than the date of we date is listed, the date must be speci the date inserted in this block does is effective date on the Departmen	fic and cannot be prior to not meet the applical	date of filing or more than 90 days	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as	(3)(b the
If the recor (b) The 90	d specifies a delayed effect Oth day after the record is f	ive date, but not iled.	an effective time, at 12:	01 a.m. on the earlier of	:
Dated	September 5, 2018	6:38	_•		
	Earnes	t Nichols III			
	Signature	e of a member or author	ized representative of a member		
	Earnest Nich	ols III			
		Typed or printed	name of signee	-	

Page 3 of 3

Filing Fee: \$25.00