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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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10/30/20

COVER LETTER

TO: Registration Section

Division of Co	rporations			
	kerage LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicholas Nicola		T	25
		Name of Person		, . <u></u> ,
	The Nicola Limited Liabili	ity Company		7070 JUN 12
		Firm/Company	PT1 -1-	1"
	2819 Muskegon Way			PH 4: 01
	<u></u>	Address	25 A	01
	West Palm Beach, FL 334	11	Þ	
		City/State and Zip Code		
	nicktá nicolaco.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	aft:		
Nicholas Nicola		616 437-1353		
Name o	of Person		se Telephone Number	-
Enclosed is a check for t	he 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 Fe Certificate of \$ Certified Copy (additional copy is	tatus &
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee.			e Street, Suite 810	
		Tallahassee, FI	_ 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicola Brokerage LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our re- a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on 01/15/2019	and assigned
lorida document number 1.19000017227		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
Sicola Consultants LLC		Es. 22
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "	LLC" or the abbre lion "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	1 N
		R. P. III
		10 th 01
Inter new mailing address, if applicable:		OI HDA
Mailing address MAY BE A POST OFFICE BOX)		•
3. If amending the registered agent and/or registered	d office address on our records, <u>en</u>	<u>iter the name of the new regist</u>
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	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, 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
			7020 J [] Add]
			20 Por Remove
			Z020 JUN 12 PH 13 Change
		- <u>-</u> -	→ □Add
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Page 2 of 3

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The 90th day after the record is filed.	2:01 a.m. on the earlier o
The sour day after the record is med.	
ated June 4. 2020	
n/1/1	
Signatury of a member of authorized representative of a membe	
Nicholas Nicola	