19000043454

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2019 MAY 28 P 3: 21

Section 1 Hou

COVER LETTER

TO:	Registration Se Division of Co					
eup ir	Nixy LLC					
SUBJE	СТ:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Kristine Lewis				
		Nixy LLC	Name of Person			
		12141 62nd Street North U	Firm/Company Juit 3			
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For furt	her information of	concerning this matter, please c	ali:			
Kristine	e Lewis		727 953-9945			
	Name o	of Person	Area Code Daytim	ne Telephone Number		
Enclose	ed 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	ING ADDRESS:	STREET/COURI	IER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Nixy LLC (Name of the Limited Liability Company as it now appears on our records. 2013 HAY 28 P 3: 22 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/12/2019}{}$ Aries and assigned. 🖟 Florida document number 119000043454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _, Florida _

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.

City

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kristine Lewis	12141 62nd Street North Unit 3 Largo, FL 33773	Add
			☐ Remove
			Change
MGR	Michelle Whitlock		□ Add
		12141 62nd Street North Unit 3 Largo, FL 33773	■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove

#7 AV	
(If an et <u>Note:</u>	(optional) Tective 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 nent's 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: e 90th day after the record is filed.
Dated	May 22, 2019 Austria Charles Signature of a member or authorized representative of a member
	Kristine Lewis

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00