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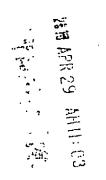
(Req	juestor's Name)	
(Add	iress)	
	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

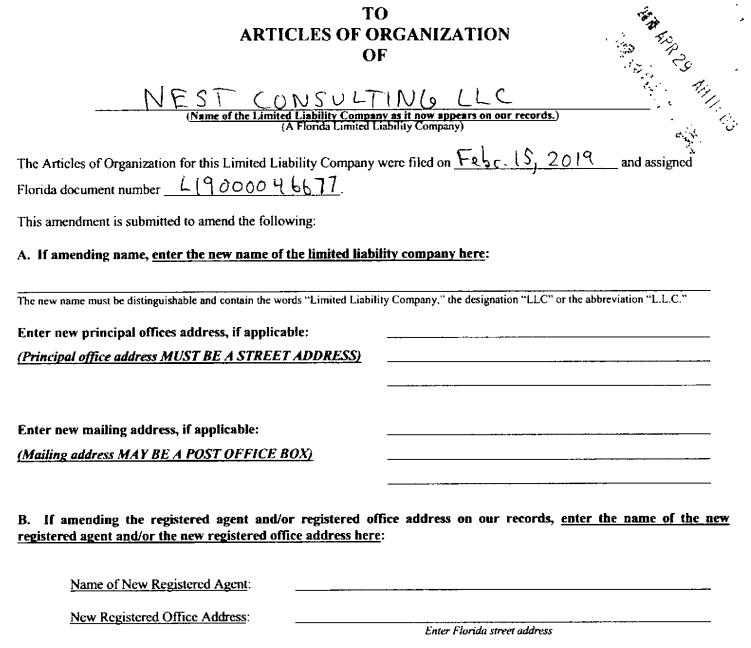
то:	Registration Section Division of Corporations		 .			o .
SUBJI	ECT:	NEST Name of Limi	CONSULT IN	J6 LLC		
The en	closed Articles of Amendme	ent and fee(s) are sub-	mitted for filing.		•	ين سوي
Please	return all correspondence co	ncerning this matter	to the following:			
		Jol	Name of Person			
		NES	Firm/Company	TINGLL		
	·	604	Hermits Address	Trail		
			(mon te Sp City/State and Zip Code	nings: F	1. 32701	
	<u></u>	E-mail address: (to be used for future analyzal re	port notification)		
For fu	rther information concerning	this matter, please ca	all:			
	John Wes	:+	at (<u>407</u>) Area Code	619 - 70 U Daytime Telephone N	3 Number	
Enclos	sed is a check for the followi	ng amount:				
DQ S2		.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy aditional 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



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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John Nest	604 Hermits Trail	i Add
		604 Hermits Trail Altamonte Springs, Fl.	Remove
		32701	Change
			□ Add
			□ Remove
			Change
		WELL-COMPANIES THE BOOK STORES WITH THE STORES	🗆 Add
			□ Remove
			Change
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y. II ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o	ctive date, if other than the date of filing:
f the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d April 24 . 2019.
	John Nest
	Signature of a member or authorized representative of a member
	Tohn Dest Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00