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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nelson & Oliver Enterprises, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Takisha L. Nelson Name of Person	
Nelson & Oliver Enterprises, LLC	
8950 SW 74 Court, Suite 2201-C2	
Miami, FL, US, 33156 City/State and Zip Code	
Nelson and Oliver Enterprises Omail. Co	1
For further information concerning this matter, please call:	
Takisha (Nelson at (786) 715-8070 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)	

Mailing Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Alina Fil

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000658.5</u>	were filed on March 7, 2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	_		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8950 sw 74 Court Suite 2201-C2 Miami, FL, US 33156	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	89505W 74 Court Suite 2201-C2 Miami, FL, US 3315	- 		
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new regist	ered		

agent and/or the new registered office address here:

Name of New Registered Agent:

akisha L. Nelson

New Registered Office Address:

SW 74 Court Suite 2201-67

______, Florida <u>33.15.6</u>

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Zanoria K. Walker	4108 NE 26 Street Homestead, FC. 33033	_ iDAdd
			□Remove
AMBR	Latova N. Nelson	4108 NE 26 Street	□Change ÆAdd
,		4108 NE 26 Street Homestead, FL. 3303	33 _ □Remove
			Change
AMBR	Phaion Dmarion V	Valker 4108 NE 26 Stree Homestead, FL. 33	
			□Change
MGR	Phaion Belsha Wal	ker 4108 NE26 stree Homestead, FL. 33	L D'Add 033 _ DRemove
			□Change
			DAdd
			Remove
			□Change □Add
			□Remove
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ecord sp is filed.	ecities a delayed	effective date, b	ut not an effe	etive time, at	12:01 a.m. on t	he earlier of: (b) The 90th day	after the
ted <u>Υ</u>	May	20	2	020.				
		Talesh Signatur	e of a member	or authorized r	epresentative of a	meinber		-
		Takie		4	1 1 i			

Filing Fee: \$25.00