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(Re	questor's Name)	
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			COVER LETTER
TO:		istration Section ision of Corporations	
SUBJE	(''F'-	TOO WOKE LEC	
	.,	······································	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:

·		Ľ		
	ALEXANDRA O YAYA			
		Name of Person		<u></u>
	15623 SW 100 LN	Firm Company		
	MIAMI FL 33196	Address		<u></u>
	AYAYA@BELLSOUTH.N	City State and Zip Code IET		
	F-mail address: (to be used for future annual	report notifie	alion)
For further information c	concerning this matter, please ca	ali:		
ALFXANDRA O YAY.	A	305 - 99) and	2-0955	
Name o	of Person	at () Area Code	Daytime 1	l'elephone 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 tadditional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 OF

TOO WOKELLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/(1/2019)}{1.19000068153}$ and assigned Florida document number $\frac{1.19000068153}{1.19000068153}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NikoLuci LLC

The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "L.E.C." or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	19
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	SSET -
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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	City	Zin 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

. . .

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Title	Name	Address	Type of Action
			🖸 Add
			🛛 Remove
			C'hange
			🛛 Add
			APROLECTION
			SECRE IN PAdd APR Chame ED STALL AHASSEE, FLORIDA
			🖸 Add
		·	🖸 ('hange
			🗅 Add
			Remove
		<u></u>	Change
		<u></u>	🗆 Add
		<u> </u>	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

MARCH 26	2019	
Dated		
	///g	
	Signature of a member or authorized representative of a member	

LUCIANO F. HERNANDEZ YAYA

Typed or printed name of signee

Filing Fee: \$25.00