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COVER LETTER

TO: Registration Se Division of Cor				
Nicky Nico	le, 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	ndence concerning this matter	to the following:		
	Nicky Nicole Reese			
		Name of Person		
	Nicky Nicole, LLC			
		Firm/Company		
	95240 Snapdragon Drive			
		Address		— ₁₀
	Fernandina Beach, FL 320	34		
	City/State and Zip Code			
	nicky@nickynicolegetsitsol	d.com to be used for future annual report not	itiestion	
For further information c	oncerning this matter, please c	·		
Nicky Reese		904 780-4610 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Num	her
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 radditional copy is enclosed)	Certif Certif	Filing Fee. icate of Status & ied Copy onal copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee.	LT 27214	Z410 IN. MOHIC	ic aucci, anii	COIV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICKY NICOLE, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Conflorida document number 1.19000074054	mpany were filed on $\frac{03/15/2019}{.}$		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Nicky Reese, LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	T.L.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			rs:
Principal office address MUST BE A STREET ADDRE			7.2
The party office waters most be A STREET ADDRE.	<u> </u>		
			2
		· • 1	<u>.</u> .
Inter new mailing address, if applicable:	 .		<u>;</u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		[i	<u></u>
3. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>er</u>	iter the name o	f the new regis
New Registered Office Address:	Enter Florida street ac	ddraee	
	tance i tortuc so ci i uc	4507 \$ 101	
	Cire	. Florida	Zip Code
	CHV		г.и) с оав

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
				□Add
				□Remove
				□Change
			27.27.2	
			· ro	□Remove
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				□ Remove
				□Change
				□Add
				Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member