8/25/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

+-**Enter	the	email	address	for	this	business	entity	to	be	used	for	future
						only one						

-maı⊥	Address:			 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BACKSTAGE LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

Help

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SEP 27 2019

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Sec Division of Corp						
	BACKSTA	GE LLC					
Subje	Cr:	Name of Limi	ted Lisbility Company				
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspon	ndence concerning this matter t	to the following:				
		Cheyenne Moseley					
			Name of Porson				
		Legalznom.com, Inc.					
			Pirm/Company				
		101 N Brand Blvd 11th Fl					
			Address				
		Glendale, CA 91203					
			City/State and Zip Code				
		wearbackstage@gmail.com	to be used the future manual report and	Torrion)			
		oncerning this matter, please o					
Cheye	nne Moselcy		800 773-0888 st ()	o Telephone Number			
	Name o	f Person	Area Code Dayum	o I (goptionic Maniero)			
Enclos	ed is a check for t	he following amount:					
□ \$2.	5.00 Filing F∞	☐ \$30.00 Filing Fee & Ceruficate of Status	S55.00 Filing Foe & Certified Copy (additional copy as enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		ING ADDRESS:	STREET/COURI				
Registration Section Division of Corporations			Division of Corpor	Registration Section Division of Corporations			
		ox 6327 assoc, PL 32314	Clifton Building 2661 Beccutive Co Tallahassec, PL 32				

Sep 23 2019 15:20

HP LASERJET FAX

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(A Florida Limited	may as it now anotars on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number L19000080184	y were filed on 03/22/2019 and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Hal	pility company bers:
Nikki J. Miami LLC	
The new name roust be distinguishable and contain the words "Limmod Liah	bility Company," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	550 Fisherman 8t #540064
Principal office address MUST HE A STREET ADDRESS	Opalocka, Florida 33054
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of</u> ere:
Name of New Registered Agent	
New Registered Office Address:	Erder Florida street address
	Enter Florida street address , Florida  City Zip Code

I kereby 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, Stranture of New Resistant Acent

MGR = Manager

Sep 23 2019 15:28 HP LASERJET FAX

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If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person being added
or removed from our records:	

AMBR = Authorized Member Address Type of Action Title Name ☐ Remove ☐ Add \_\_\_\_\_ Remove \_\_\_\_\_\_D Change \_\_\_\_\_ Add □ Remove \_\_\_\_\_D Change \_\_ 🗀 Remove \_\_ Change \_\_\_\_\_ 🗆 Add \_\_\_\_ C Remove ☐ Change \_\_\_ C Remove

☐ Change

D, If am	entiting any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If en o	ctive date, if other than the date of filing:  (optional)  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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o 605.020 o listod a
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ene 90th day after the record is filed.	arlier o
<b>75</b> -4-	4 9 23 ,2019	
Date		
Dan		

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Flling Fee: \$25.00