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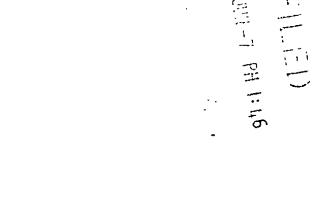
(Requesto	or's Name)	
(Address)		
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(Business	Entity Name)	
(Docume	nt Number)	
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Amend

JUN 2 4 2019 I ALBRITTON

COVER LETTER

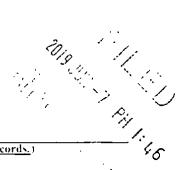
	Registration Sec Division of Corp			
ero 102	NIKAROL			
SUBJEC	.1:		ted Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		LILY CALDERON		
			Name of Person	
		SHOMAR ACCOUNTING	3. PA	
			Firm/Company	
		7777 NW 146TH ST		
			Address	
		MIAMI LAKES, FL 33010	6	
			City/State and Zip Code	
		E-mail address: (0	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
LILY C.	ALDERON		305 825-1123 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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 ARTICLES OF ORGANIZATION **OF**



NIKAROLA, LLC

(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 were filed on $\frac{05/17/2019}{1}$ and assigned Florida document number L19000134263 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
MGR	LORENZO, LUIS	14309 SW 96TH ST APT 505	
		MIAMI, FL 33186	= Add
			Remove
			☐ Change
MGR	REALE, ROSALBA	14309 SW 96TH ST APT 505	
		MIAMI, FL 33186	
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change

	N/A
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MAY 31 2019
	9-10-1
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00