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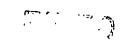
COVER LETTER

	FIZBO LLO		• •	
SUBJECT:	 	Name of Limi	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return	all correspo	indence concerning this matter	to the following:	
		CARLOS E MARQUEZ		
			Name of Person	
		FIZBO LLC		
		•••	Firm/Company	
		6220 NW 77TH TER		
			Address	
		PARKLAND, FL 33067		
		CARL.MARQZ.E@GMAI	City/State and Zip Code L.COM	
			to be used for future annual report notific	ation)
or further in	nformation c	oncerning this matter, please ca	all:	
CARLOS E	MARQUEZ	:	954 621-6911	
·· -	Name o	f Person		Celephone Number
Enclosed is a	a check for th	ne following amount:	•	
□ \$25.00 I	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 of 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 OF



FIZBO LLC

2020 6" 19 PM 5: 46

(<u>Name of the Limited Li</u> (A F	ability Company as it now a lorida Limited Liability Comp	ippears on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed o	on	and assigned
Florida document numberL19000254155	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
NIDO LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company."	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicables			
Principal office address MUST BE A STREET AI			
	 -		
7			
Enter new mailing address, if applicable:		<u></u>	
<u>Mailing address MAY BE A POST OFFICE BOX</u>	1		
3. If amending the registered agent and/or regist	ered office address on o	our records, enter the i	name of the new regist
gent and/or the new registered office address her	<u>re</u> :		THE THE TENT TELEST
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	· · · · · · · · · · · · · · · · · · ·
		, Florida	•
- 	City	, + 1011U2	Zip 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, 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>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
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·			🗆 Add
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			□ Change
			⊡Add
			□Remove
			ClChongo

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Signature of a member or authorized representative of a member	AUGUST 14TII	,	2020				
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Filing Fee: \$25.00