LZ0000039391

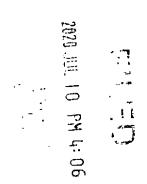
| (Red | questor's Name) | |
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| (Add | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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AUG 22 2020 S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Divis | sion of Cor | porations | | |
|----------------------|---------------|--|--|--|
| C110 11: /TF | Amazon | ika LLC | | |
| SUBJECT: _ | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of . | Amendment and fee(s) are subi | mitted for filing. | |
| | | ndence concerning this matter | | |
| | | . | Ü | |
| | | Nika White | | |
| | | | Name of Person | |
| | | Amazonika LLC | | |
| | | | Firm/Company | |
| | | 1647 Mahaffey Cir | | |
| | | | Address | |
| | | Lakeland FL 33811 | | |
| | | | City/State and Zip Code | · |
| | | startmyamazon@gmail.co | | |
| | | | to be used for future annual repo | rt notification) |
| For further in | formation c | oncerning this matter, please ca | all: | |
| Nika White | | | 856 29630 | |
| | Name o | f Person | Area Code D | aytime Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$ 25.00 Fi | ling 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) |
| | ling Addres | _ | <u>Street Addre</u> Registratio | |
| | | Corporations | Division o | f Corporations |
| | . Box 632 | | The Centro | of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Amazonika LLC | | |
|---|---|---------------------------|
| (Name of the Limited Liabili (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | 0 |
| The Articles of Organization for this Limited Liability (Florida document number L20000039391 | Company were filed on 02/02/2020 | and assigned |
| Florida document number | · | 96 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | · |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, enter the | name of the new registere |
| agent and/or the new registered office address nere. | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florid | 18 Zw 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

er e

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------------------------------|----------------|
| AP | NIKA WHITE | 1647 Mahaffey Cir Lakeland FL 33811 | ≡ Add |
| | | 1467 Mahaffey Cir Lakeland FL 33811 | ■Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
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Page 2 of 3

| part Article | e IV The name address of person autorized to manage LLC |
|---|---|
| Title AP N | IKA WHITE 1647 Mahaffey Cir Lakelend FL 33811 |
| (not 1467) | |
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| ective date | if other than the date of filing: (optional) |
| effective date te: If the 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | |
| | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of by after the record is filed. |
| July 7 | 2020 |
| | |
| effective date te: If the date ument's effect record spe | is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a crive date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of after the record is filed. |

Page 3 of 3

Filing Fee: \$25.00