

L200000 71032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

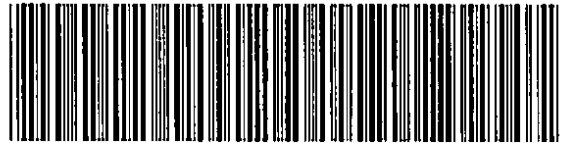
(Document Number)

Certified Copies _____

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OFFICE OF THE CLERK

2020 MAR 23 PM 2:46

FILED

Amend

APR 06 2020

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NICHO'S COMPANY DESIGN,L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVINA GABRIELA MERIDA REYNA

Name of Person

NICHO'S COMPANY DESIGN,L.L.C

Firm/Company

10311 ORCHARD HILLS

Address

TAMPA, FL 33615

City/State and Zip Code

gabriemerida1985@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVINA GABRIELA MERIDA REYNA

813 389-5941

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 MAR 23 PM 2:06
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
AMBR	Silvina Gabriela Merida Reyna		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10311 ORCHARD HILLS CT, TAMPA FL33615	<input checked="" type="checkbox"/> Change
AMBR	Jorge Lopez Pineda		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10311 ORCHARD HILLS CT, TAMPA FL33615	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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 the National Labor Union

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00