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TO:

Registration Section Division of Corporations

NICHO'S COMPANY DESIGN, L.L.C SUBJECT: 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

NICHO'S COMPANY DESIGN.L.L.C

	AMENDMENT	_
	ΓΟ ORGANIZATION	
	OKGANIZATION OF	
	<i>7</i> 1	3 3
NICHO'S COMPA	NY DESIGN.L.L.C	and assigned
(Name of the Limited Liability Comp	nany as it now appears on our records.) Liability Company)	72
The Articles of Organization for this Limited Liability Company	y were filed on MARCH 03,2020	and assigned
Florida document number L20000071032		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	hility company here:	
The first the fi	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		**************************************
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	 	
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 th	ie name of the new registered
agent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	During During A & Commercial Comm	Number of Assessment
li Cha	anging Registered Agent, Signature of N	ven registerea 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>Ad</u> dress	Type of Action
AMBR	Silvina Gabriela Merida Reyna	 	□Add
			□Remove
		10311 ORCHARD HILLS CT, TAMPA FL33615	i
AMBR	Jorge Lopez Pineda		□ Add
			□Remove
		10311 ORCHARD HILLS CT, TAMPA FL33615	;
			🗀 Add
			□Remove
			□Change
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	APRIL10, 2020
Effect	ive date, if other than the date of filing: (optional) [active 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
ne recor	d 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 led.
Dated	La
	Signature of a member or authorized representative of a member
	SILVINA GABRIELA MERIDA REYNA
	- ·

Filing Fee: \$25.00