## LZ0 00020445L

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Namo	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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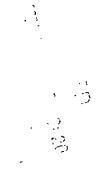
Office Use Only



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## **COVER LETTER**

	egistration Sec vision of Corp		,	
eun iret		NURTURE LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
		dence concerning this matter		
		AUGUSTE, NASHA R		
			Name of Person	<del></del>
		HOUSE OF NURTURE L	LC	
Firm/Company				**1
		8125 NW 21ST ST		
			Address	
		SUNRISE. FL 33322		
		nashaauguste@yahoo.com	City/State and Zip Code	
			to be used for future annual report not	tification)
For further	information co	ncerning this matter, please ca	all:	
AUGUSTE	E, NASHA R		954 701-4051 at ( )	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for the	e 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)
	ailing Address egistration So		<u>Street Address:</u> Registration Sc	ection
D	ivision of Co O. Box 6327	orporations	Division of Co The Centre of	rporations
۲,	O. DUX 0327		THE CERTIE OF	i ananassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSE OF NURTURE LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 07/15/2020	and assigned
lorida document number L20000204456	,	
his amendment is submitted to amend the following		
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	<u></u>
		, \
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX		
		·.;
. If amending the registered agent and/or regist gent and/or the new registered office address he		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
<u>_</u>		Florida
	City	Zip Co

## 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>	Address	Type of Action
AMBR	AUGUSTE, NASHA R	8125 NW 21ST ST	□Add
		SUNRISE, FL 33322	≣Remove
			Change
		_	□Add
			□Remove
			Change
		_	□Add
		<del></del>	Remove
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				<del></del>	
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Effective date, if other than the	date of filing: _			(optional)	
Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b	lock does not meet	the applicable statu	filing or more than 90 da story filing requirement	ys after filing,) Pursuar its, this date will not	nt to 605.0207 ( be listed as t
document's effective date on the D	epartment of State	's records.			
e record specifies a delayed effective	ve date ibut not an i	effective time, at 12	·01 a.m. on the corlier	· Afi (h) Tha NOsh d	a a0 a ab
rd is filed.			u.m. on the carrier	01. (b) The 90th 0	ay and me
, May 10th	2(	)21			ì
Dated Way 10th		· · · · · ·			· · ·
	an mount	1875			
////	KUU ( )UUATA				••
	Signature of amemi	ber or authorized repr	esentative of a member	<del>-</del>	ر,

Filing Fee: \$25.00