# 12000214925

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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:G.	Nicole, LLC Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ciabrielle	Collins Name of Person	
		Firm/Company	
	2421 Jack	son Bluff Rcl.	Apt 1032A
	Tallahassee	FL 32304 City/State and Zip Code	<del></del>
	9. Nicolcaezt E-mail address: (t	hetic to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Cabricle Name o	Collins	at (407) 450 Area Code Daytir	) - 3937 ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. Nicole, LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ( ability Company)	on our records.)	<del>.</del>
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L2000214925}{}$ .	were filed on	uly 22, 2	<u>റ് പ്</u> വ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile.  (1. Nicole Ae Zthetics, LLC  The new name must be distinguishable and contain the words "Limited Liability".			abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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 here:	ddress on our rec	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	Enter Florid	a street address	
<del></del>	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cil		Sip Com
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of m rovided for in Ch	ly duties, and I an apter 605, F.S. O	n familiar with and r, if this document is

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
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			□Remove
		<del></del>	□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  The "Z" in Ar Zthrtics is Capitalized					
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fectiv	e date, if o	ther thar	the date	e of filing:		(optional)
						or more than 90 days after filing.) Pursuant to 605.02
				loes not meet the applicable ment of State's records.	statutory t	iling requirements, this date will not be listed
cume	it 8 criccity	e date on t	не Беран	ment of State's records.		
		delayed eff	ective dat	e, but not an effective time,	at 12:01 a.	m. on the earlier of: (b) The 90th day after th
is file	d.					
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