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| (Red                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Certified Copies          | Certificates     | of Status   |
| Special Instructions to F | iling Officer:   |             |
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Office Use Only



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## COVER LETTER

|                 |                    | istration Sec<br>sion of Corp  |  |                    |  |  |  |
|-----------------|--------------------|--|--|--------------------|--|--|--|
| SUD IE          |                    | LST SERVI  | CES LLC                                      | • .                | •  | ٠ •  |  |
| SUBJEC          | υ1: <sub>,</sub>   | •  | Name of Lin                                  | nited Liability Co | ompany   |  | · <del></del>  |
| The encl        | osed               | Articles of A  | Amendment and fee(s) are sub                 | omitted for filin  | g.   |  |  |
| Please re       | eturn              | all correspor  | ndence concerning this matter                | to the followin    | ıg:  |  |  |
|                 |                    |  | LUZ S TOBON                                  |                    |  |  |  |
|                 |                    |  |  | Name of            | Person   |  |  |
|                 |                    |  | LST SERVICES LLC                             |                    |  |  |  |
|                 |                    |  |  | Firm/Co            | mpany  |  |  |
|                 |                    |  | 1721SW 131 ST PLACE 0                        | CIR S              |  |  |  |
|                 |                    |  |  | Addre              | ess  |  |  |
|                 |                    |  | MIAMI FL 33175                               |                    |  |  |  |
|                 |                    |  | luzecita1360@hotmail.com                     | City/State and     | I Zip Code   |  | <del></del>  |
|                 |                    |  | E-mail address: (                            |                    | ture annual repo   | ert notification                                   | n)   |
| For furth       | er in              | formation co   | ncerning this matter, please c               | all:               |  |  |  |
| LUZ S T         | овс                | N  |  | 305<br>at (        | 490180   | )1   |  |
| Name of Person  |                    |  |  |                    | Code I   | Daytime Telep                                      | phone Number   |
| Enclosed        | l is a             | check for the  | e following amount:                          |                    |  |  |  |
| <b>■</b> \$25.0 | 00 Fi              | ling Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | Certifie           | Filing Fee & d Copy all copy is enclosed   |  | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                 | Reg<br>Divi<br>P.O | ing Address<br>istration So<br>ision of Co<br>. Box 6327<br>ahassee, F | ection<br>orporations                        |                    | Street Addre<br>Registratio<br>Division of<br>The Centre<br>2415 N. M<br>Tallahassed | n Section<br>f Corporat<br>of Tallah<br>onroe Stro | assee<br>eet, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 24 PH 12: 00 LST SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/27/2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NIKO SERVICES LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) N/A 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 the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

Cirv

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name         | Address 320 At 3 24 Pill2: 00             | Type of Action |  |
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| MGR          | 1.UZ S TOBON | 1721 SW 131 ST PLACE CIR S MIAMI FL 33175 | <b>=</b> Add   |  |
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| ecord<br>is tile | specifies a delaye                         | d effective da | ite, but not  | an effecti   | ve time, at 1   | 2:01 a.m. c    | on the earlier | oi: (b)                                 | The 90th day | y after the   |
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| _                | EUZ S TOBO                                 |                | nature fra i  | member or    | euthorized re   | presentative   | of a member    |   |              | _             |