## LZ0000300495

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

KINDEN ED

and more relie AM 7:35 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Uness Massage For further information concerning this matter, please call: (copy attached) already paid 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 Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on O9/23/2070 and assigned Florida document number LZ0000 300495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

| Nenix | Company were filed on O9/23/2070 and assigned florida document number LZ0000 300495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

| Nenix | Company | 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

Enter Florida street address

Florida

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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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be pro-	MCANIE Statitory filmo i	(options than 90 days after fili equirements, this da	- V D	nt to 605.0207 be listed as
e record specifies a delayed effectiv rd is filed.	re date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b)	The 90th da	ay after the
Dated 9-10-207					
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	Signature of a member of au				

Filing Fee: \$25.00