

L200000304685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

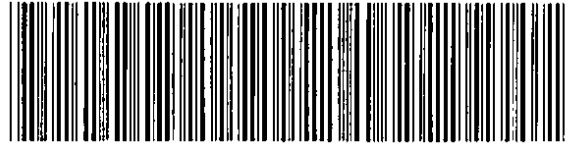
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

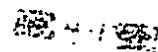
Office Use Only



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CLERK OF STATE  
TALLAHASSEE, FL



J. HUNT

07/25/23



**CREATIVE  
PLANNING**

Legal, P.A.

July 24, 2023

**VIA UPS**

Florida Secretary of State  
Registration Section  
Division of Corporation  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: NIGELS30A LLC—I.20000304685--Name change amendment.**

Dear Sir or Madam:

Enclosed is the request form amending the name of entity Nigels30A LLC. I have attached the state form as well as a check for \$30 to cover filing fees and a certificate of status.

Should you have any questions or concerns, please do not hesitate to contact me at the address below. Thank you for your assistance.

Sincerely,

Erin Rodriguez, Paralegal  
[erin.rodriguez@creativeplanning.com](mailto:erin.rodriguez@creativeplanning.com)  
913.754.1379, Creative Planning Legal

ejr  
*Enclosures*

5454 W. 110th Street Overland Park, KS 66211  
direct 913.327.9455 fax 913.754.1363  
[info@creativeplanninglegal.com](mailto:info@creativeplanninglegal.com)

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nigels30A LLC

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:

Erin Rodriguez

Name of Person

Creative Planning Legal

Firm/Company

5454 W 110th Street

Address

Overland Park, KS 66211

City/State and Zip Code

erin.rodiguez@creativeplanning.com

E-mail address: (to be used for future annual report notification)

2009 JUN 25 PM 7:53  
STATE  
SECRETARY  
FL

FILED

For further information concerning this matter, please call:

Erin Rodriguez

913

754-1379

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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**

Nigels 30A, 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 03/04/2021 and assigned  
Florida document number L20000304685.

This amendment is submitted to amend the following:

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

Nigels Holding Company, 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)

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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 7/21/2023 | 6:03 AM PDT

DocuSigned by:  
marla carter  
C74AA68818EE4B5

Signature of a member or authorized representative of a member

Marla Carter      Owner

Typed or printed name of signee

**Filing Fee: \$25.00**

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2021 JUN 25 PM 7:53  
HILLS STATE  
UNIVERSITY, FL

STATE  
FL

PH 7.53

13.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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Dated 7/21/2023 | 6:03 AM PDT

- DocuSigned by:

marla carter

-C14AA68838EE4B5

Signature of a member or authorized representative of a member

Marla Carter      Owner

Typed or printed name of signee

**Filing Fee: \$25.00**