

L20000304685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

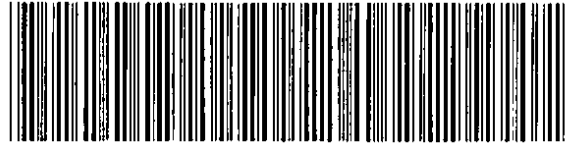
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700412727367

07/25/23--01020--014 **30.00

ED
JUL 25 PM 7:53
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—L20000304685--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
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

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)

RECEIVED
 2009 JUN 25 PM 7:53
 TALLAHASSEE, FL
 DIVISION OF STATE

For further information concerning this matter, please call:

Erin Rodriguez at (913) 754-1379
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 type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

STATE
7:53
ED

