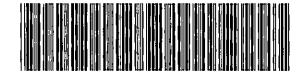
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## **COVER LETTER**

Division of Cor	porations		,
Nic's Concl	h Delight, LLC		
SUBJECT:	Name of Lim	ited Liability Gompany	, <u>, , , , , , , , , , , , , , , , , , </u>
The englaced Articles of	Name of Limited Liability Gompany  melosed Articles of Amendment and fee(s) are submitted for filing.  e return all correspondence concerning this matter to the following:    Nichole Samuels		
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Nichole Samuels		
		Name of Person	
	Nic's Conch Delight		
		Firm/Company	<del> </del>
	2601 NW 48th Terrace #1-	49	
		Address	<del> </del>
	Landerdale Lakes, FL 333	13	Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  dress: tion Section of Corporations
		City/State and Zip Code	
	• •	endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  Nichole Samuels  Name of Person  Nic's Conch Delight  Firm/Company  2601 NW 48th Terrace #149  Address  Lauderdade Lakes, FL 33313  City/State and Zip Code ticsconchdelight@gmail.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (10	
		·	fication)
For further information c	oncerning this matter, please co	all:	
Nichole Samuels			
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C		<del>-</del>	
P.O. Box 632	=		

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on our records.) a Limited Liability Company)	
Company were filed on September 28, 2020	and assigned
Company 29, 2020	
nited liability company here:	
nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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RESS)	********
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-	··· 37
d office address on our records, <u>enter the na</u>	ime of the new registe
Enter Florida street address	
Florida	
	ited liability company here:  ited Liability Company," the designation "LLC" or the RESS)  d office address on our records, enter the na

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR Nichole Samuels		2601 NW 48th Terrace #149 Lauderdale Lakes, FL 333		
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fective date, if other than the date of filing:	_ <b>(optional)</b> lays after filing.) Pursuant (	o 605.0
ote: If the date inserted in this block does not meet the applicable statutory filing requirement of state's records.	ents, this date will not b	e listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day	after t
is filed.		
ned <u>batober 31st</u> . 2020.		
$m: l \cdot 0 \cdot l \cdot S$		
111 10194 /1		
Signature of a member or authorized representative of a member  Nichole Samuels  Typed or printed name of signee	ī	