

(Requestor's Name)	_
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A. RIVERS
JUL 12, 2023

COVER LETTER

4

TO:

	stration Sec sion of Corp			
SUBJECT:	Nicole Ranc			
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed a	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		Nicole Whalen		
			Name of Person	
			Firm/Company	<u> </u>
		4831 Pennecott Way		
			Address	
		Wesley Chapel FL 33544		
			City/State and Zip Code	
		nicole@luxuryhomematch.c		.,
For further inf	ormation co	ncerning this matter, please ca	o be used for future annual report no	diffication)
Nicole Whaler	n		203 800-6153 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25.00 Fil	ling 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)
	ng Address	-	Street Address:	
_	stration Se	ection reporations	Registration S Division of Co	
	Box 6327		The Centre of	
	ahassee, Fi			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicole Ranciato LLC			
(Name of the Lin	nited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited	Liability Company v	were filed on 09/29/2020	and assigned
Florida document number L20000307286	 -		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
Nicole Whalen LLC			
he new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
			···
Principal office address MUST BE A STRE	<u>E I ADDRESS)</u>		<u>.</u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		

3. If amending the registered agent and/or	registered office ad	ldress on our records, enter the	name of the new regist
gent and/or the new registered office addr	ess here:	ioress on our records, enter the	thanic of the new regist
Name of New Registered Agent:	Nicole Whalen		
New Registered Office Address:			
		Enter Florida street address	
		, Floric	10
		City	ла 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>	Name	Address	Type of Action
~	Nicole Ranciato	4831 Pennecott Way Wesley Chapel FL 33544	□Add
			Remove
			□Change
· ————————————————————————————————————	Nicole Whaten	4831 Pennecott Way Wesley Chapel FL 33544	■Add
		 	□ Remove
		·	Change
			□Add
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Filing Fee: \$25.00