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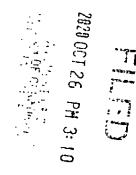
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COVER LETTER

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TO: Registration Division of C	Section . Corporations .		
NICE N SUBJECT:	TIGHT OF FLORIDA LLC	O	
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	BILL ANTAR, CPA		
		Name of Person	···
		Cape Coral Tax & Accounting Services, LLO 3306 Del Prado Blvd, Sou Cape Coral, FL 33904	
For further informatio	BILLANTAR@CAPETAN E-mail address: (to be used for future annual report no	outication)
BILL ANTAR, CPA		239 5407500	
Nam	e of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check fo	r 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
P.O. Box 6	n Section `Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	920 (
	9	
NICE N TIGHT OF FLORIDA LLC		723 W 1 241 W
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	11 ⁻⁶ -0	٠,
The Articles of Organization for this Limited Liability Company were file	ed on 10/14/20 and assigne	ما مالک
Florida document number 200353721172	10	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
NICE N TITE OF FLORIDA LLC		
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," 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 o	n our records, enter the name of the new rec	nerateie
agent and/or the new registered office address here:	and the same of the new reg	<u> 13tereu</u>
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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			Remove
			□Add
			□Remove
			Change

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Effecti fan eff	ive date, if other than the date of filing: ective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements this block.
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is fil	d 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
Dated _	10/20/20
	X

Filing Fee: \$25.00