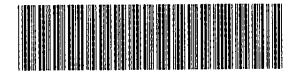
120000349031

(Re	equestor's Name)		
(Ac	(Address)		
(Ac	ldress)		
(Cı	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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NUV

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if know	(OFFICE USE ONLY)
1. NICOLAS GONZALEZ HOLDINGS, LL	C
Name	Document Number (if known)
x Wałk in	Will wait
_X Certified Copy	
X_ Certificate of Status	
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication INC	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion
OTHER	Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	ForeignLimited PartnershipReinstatement
Statement of Authority APOSTIL () COUNTRY	Trademark Other
	EXAMINER'S INITIALS:

CÒVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Ft. 32314

CHD CTCT.	NICOLAS GONZA	LEZ HOLDINGS, ELC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling		
Please return all correspo	ndence concerning this matter	to the following:		
		NICOLAS GONZALEZ	j	
	 -	Name of Person		
	NICOLAS	GONZALEZ HOLDIN	GS, LLC "	
		Firm Company		
	3862 SH	ERIDAN STREET, STE	A '	
		Address	,	
	НО	LLYWOOD, FL 33021	J	
		City State and Zip Code		 -
		as@virtusrealtygroup.co		Loni
			report monteat	
For further information of	concerning this matter, please c	311:		\mathcal{J}
NICOLAS GONZALEZ	<i>'</i> .	954	498-3728	
Name (of Person	Area Code	Daytime Le	dephone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee Certified Copy tadditional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street A</u> Reviste	ddress: ration Section	าเก
Registration Division of C		_	on of Corpo	
P.O. Box 633		The Co	entre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ILAS GONZALEZ H			
(Name of the Limits	d Liability Company a A Florida Limited Liabi	s it now appears on our i lity Company i	records.)	
The Articles of Organization for this Limited Lie	ability Company wer	re filed on 11/03/2020		and assigned
Florida document number L20000349031	<u> </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company here:		
NICOLAS GONZALEZ HOLDINGS, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liability ("ompany." the designation	i"]] ("" or the ah	breviation "fL.C."
Enter new principal offices address, if applica	able:			
(Principal office uddress MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or r	egistered office add	ress on our records,	enter the nag	ne of the new registered
agent and/or the new registered office address	ss here:			
Name of New Registered Agent:		NICOLAS GO		
New Registered Office Address:	3862	Sheridan Inerthondustreet	ST 9	STEA
	Hollyw	ood	Florida _	53021
		t <i>m</i> i		r gr Come

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. Thereby 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
MGR	NICHOLAS GONZALEZ	3862 SHERIDAN STREET, STE A	
		HOLLYWOOD, FL 33021	■Remove
MGR	NICOLAS GONZALEZ	3862 SHERIDAN STREET, STE A	
		HOLLYWOOD, FL 33021	
			[]Change
			□Add
			Remove
			□Change
 ••			DAdd
			□ Веточе
			UChange
			□Add
			□Remove
			□Change
			Dadd
			□Remove

If amending any other information, enter change(s) here: (Attai	n annanna succes, ij necessary.
	(المحدث مما
Effective date, if other than the date of filing: (It an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	(i) tilling or more than 90 days after filing.) Pursuant to 605,0207 (intory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at cord is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 18 2020	
Signature of a member or authorized of	presentative of a member
NICOLAS GONZAL	

Typed or printed name of stence