# 120000367180

S

(Requestor's Name)	
(Address)	900374737009
(Address)	
(City/State/Zip/Phone #)	18/26/210108408 *•25.99
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SECUNDALLY WAS THE TO SECUNDALLY
	C. BRUMBLEY &

Office Use Only

#### **COVER LETTER**

Registration Section TO: Division of Corporations NIX AUCTION AND ESTATE SALES LLC SUBJECT: \_\_ Name of Limited Liability Company 2021 17 17 34 8: 13 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RONALD D DAVIS Name of Person GUSTASON AND DAVIS FINANCIAL SERVICES Firm/Company 1063 HWY 90 Address CHIPLEY, FL 32428 City/State and Zip Code rdchipley@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 638-5663 RONALD D DAVIS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & € \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEX AUCTION AN	¶D ESTATE SALES LL	C	
( <u>Name of the Limited Liability C</u> o (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	11/19/2020	and assigned
lorida document number		· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited	liability company here	<u>2</u> :	
he new name must be distinguishable and contain the words "Limited L	Jability Company," the des	ignation "LLC" or the ab	breviation "L.1C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	;)		
		75	<b>202</b> 1
nter new mailing address, if applicable:		,    	* T
lailing address MAY BE A POST OFFICE BOX)			-
-		5) C	· · · · · · · · · · · · · · · · · · ·
		رنان. ان	~
If amending the registered agent and/or registered offi ent and/or the new registered office address here:	ice address on our rec	ords, enter the nam	e of the new regist
			2
Name of New Registered Agent:	·		
New Registered Office Address:		•	
Service Office Marcas.	Enter Floride	i street address	
		, Florida	
	City		Ziv 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 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>	Type of Action
MGR	ALBERT J NIX	478 HWY 90	■Add
		CHIPLEY, FL 32428	( <del>-</del> )
			ClChange
			🗀 Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ □Remove
			☐ Change
			□Add
			□Remove
			□ Change

•	,	× .		

	ing any other information,		<u></u> .			_
						_
						_
						-
				,		-
				<del></del> -		-
						_
						_
	· · ·					
<del></del> .						
						_
						_
						_
						_
			<u> </u>			_
			<del>.</del>			_
						_
						<del></del>
Note: If	e date, if other than the dat live date is listed, the date must be the date inserted in this block it's effective date on the Depar	does not meet the	applicable statutory	q or more than 90 days of filing requirements,	<b>ptional)</b> after filing.) Pursuant to 6 this date will not be 1	05.020 isted a
e record : rd is filed	specifies a delayed effective da l.	ite, but not an effec	ctive time, at 12:01	a.m. on the earlier o	f: (b) - The 90th day a	fter the
Dated	4/29	e de	) (			
	- CTE Sig	nature of a member	or authorized represe	ntative of a member		
	<b>-</b>		-			

Filing Fee: \$25.00