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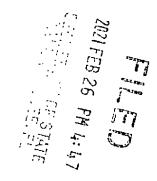
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COVER LETTER

Tallahassee, FL 32314

SUBJECT: NTROLSON ANTOINE TAX PREPARATION UC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NIROLSON ANTOINE Name of Person Firm/Company STATE Address Address NIAMI FLORIDA 33169 City/State and Zip Code NIKOLSON ANTOINE City/State and Zip Code NIKOLSON ANTOINE For further information concerning this matter, please call: NIKOLSON ANTOINE Benefit address: Area Code Daytine Telephone Number Enclosed is a check for the following amount: X \$25.00 Filing Fee Certificate of Status Certificed Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	TO: Registration Sect Division of Corpo			
Please return all correspondence concerning this matter to the following: NIKOLSON ANTOENE Name of Person	SUBJECT: NIK		OTNE TAX PREPAR nited Liability Company	Atton LLC
Firm/Company 311 Nw 195 TH TEP Address MIAMI FLORING 33169 City/State and Zip Code New 195 TH TEP Address: (to be used for future annual report notification) For further information concerning this matter, please call: New 195 TH TEP Address: (to be used for future annual report notification) For further information concerning this matter, please call: New 195 TH TEP Address: Ant DENC 33169 Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: Second Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.	
Firm/Company 311 Nov 195 TH TER Address NEAME FLORIDA 33169 City/State and Zip Code NEKOLSEN 231 & GMAIL Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at (786) 258 7454 Name of Person at (786) 258 7454 Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status Certificate of Status & Certified Copy (sadditional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	Please return all correspond	dence concerning this matter	r to the following:	
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The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company wer	te filed on 12/01/2020 and assigned
Florida document number <u>L 2000 37 6032</u>	' /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
NIKOLSON ANTOINE INVESTER	OG MANAGEMENT LLC
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	3 H W
<u> </u>	(2) ;
•	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	m -1
3. If amending the registered agent and/or registered office addr gent and/or the new registered office address here:	ress on our records, enter the name of the new register
Name of New Registered Agent:	

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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