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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MI	NNE SOTA	NICE LLC	
Subject		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Nicholas	M Johnson Name of Person	
	Minnesot	a Nice	
		Firm/Company	
	16130 B	oridy crossing Or	
	Lithia,	City/State and Zip Code Nytz voofing. Code to be used for future annual report notif	
		City/State and Zip Code	
	MJOHNSON 6	hytzrooting, c	(cation)
For further information co	ncerning this matter, please ca		
Nicholas J	Tohnson	at (763) 567-	9398
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327	-	The Centre of T	
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINNESOTA NICE LLC	
MINNESOTA NICE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>January</u> <u>25,2021</u> and assign Florida document number <u>L21000031811</u> .	med
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," 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 on our records, enter the name of the new agent and/or the new registered office address here:	<u>registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address O	
Florida	·
City Zip Code 7	: .s
New Registered Agent's Signature, if changing Registered Agent:	ン

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
MBR	Nicholas M. Johnson	16130 Bridgecrossing Pr Lithia, FL 33547	X Add
			□Remove
		·	□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
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			□Remove
			□Change

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	Dated	Feb 3rd 2021
		$\alpha: \Omega \setminus A$
		- Me Johnson

Filing Fee: \$25.00