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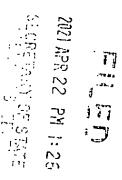
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Cor					
	Realfor cs Realty : LLC				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kim Taylor				
		Name of Person		_	
	Collins Accounting & Tax				
		Firm/Company		- · · · · · · · · · · · · · · · · · · ·	
	120 Frances Drive			2021 APR SECRETA	
		Address	· · · · · · · · · · · · · · · · · · ·	(N)	
	Havana, FL 32333			· 🛬 🔈	4
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	- 19 R 19 T	•
	kim@collinsaccounting.net		अस्त १९ ४	25 B	
For further information c	e-mail address: (to be used for future annual report no	tification)		
Nick Holmes	onee mig in matter, prease to	850 491-1295			
	of Person	at (me Telephone Numbe		
rune c	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Aled Code Bayen	me rereptione realities		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifico	ate of Status &	
<u>Mailing Addres</u>	i <u>s:</u>	Strect Address:			
Registration S	Section	Registration So			
Division of C P.O. Box 632		Division of Co The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nick Holmes (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 $\frac{03/04/2021}{1}$ and assigned Florida document number _____L21000105238 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nicholas Holmes, LLC 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) 16 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
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			Remove
		□Change	
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effective date is listed, the date mute: If the date inserted in this b	st be specific and canno	t be prior to date of f	nting of more man 30 c	ays anci innig.) ru	rsuant to 605.020 I not be listed a
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cord specifies a delayed effective filed.	e date, but not an eff	ective time, at 12:	01 a.m. on the earlie	er of: (b) The 90)th day after the
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April 16	202	1			
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Typed or printed name of signee