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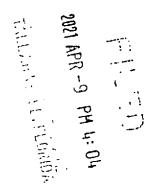
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COVER LETTER

	legistration Sec Division of Corp		-	·
erio irze	Nigoghossia	n LLC		
SUBJEC'	l;	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	irn all correspon	idence concerning this matter	to the following:	
		Joanna Nigoghossian		
			Name of Person	
		Nigoghossian LLC		
		·	Firm/Company	
		7800 Woodview Ter. #8		
			Address	
			City/State and Zip Code	
		Hobe Sound, FL, 33455		
		E-mail address: (to be used for future annual report not	itication)
For furthe	r information co	ncerning this matter, please ca	all:	
Joanna Ni	goghossian		347 5250507 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for the	e following amount:		
□ \$25.0	0 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)
<u>.</u>	lailing Address	<u>.</u>	Street Address:	
ŀ	Registration S	ection	Registration Se	
1	Yivisian at Ca	versorations.	Division of Co	amorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Nigoghossian LLC				
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) htty Company)			
he Articles of Organization for this Limited Liability Company wer		a	nd assiţ	gned
orida document number L24000118677				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability	company here:			
ne new name must be distinguishable and contain the words "Limited Liability C	'ompany," the designation "LLC" or the	abbreviati	ion "L.L.	.C."
nter new principal offices address, if applicable:			 _	
Principal office address MUST BE A STREET ADDRESS)				
nter new mailing address, if applicable:		<u> </u>	202	
Aailing address MAY BE A POST OFFICE BOX)		: •	.ii ≥:	
		! -	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	#75 2.3.4.4
_			9	
. If amending the registered agent and/or registered office add	ress on our records, <u>enter the n:</u>	ine of th	<u>1e-flew</u>	registe
ent and/or the new registered office address here:		<u></u>		 ,
		55	40	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida _			
	City	Zip	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. Thereby confirm that the limited liability company has been notified in writing of this change.

Ctty

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	Joanna Nigoghossian	7800 SE Woodview Ter. #8, Hobe Sound, FL, 3345	■Add
			□Remove
			□Change
————	Joanna Nigoghossian	7800 SE Woods icw Tor, #8, Hobe Sound-F1, 33455	\equiv Add
			□Remove
			□Change
AP	Joanna Nigaghossian	7800 SE woodview	□Add
		7800 SE woodview Te., #8, Hobe Sound, (FL, 33455	Remove
		FL, 33455	Ghange · :
		· · ·	- 9Add - DAdd
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ameno	ing any other information, enter change(s) here: Attach additional s	sheets, if necessary,	
_			
		<u> </u>	2021
			APR -
		· · · · · · · · · · · · · · · · · · ·	<u>9</u> PH
			1: 05
		<u> </u>	
-			
(If an effect <u>Note:</u> If	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing requ's effective date on the Department of State's records.		
f the record s record is filed	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after the
Dated	05/2021		

Filing Fee: \$25.00

Typed or printed name of signee

Jo Nigoghossian