## 121000136467

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800363242108

05/08/21--01018--005 \*\*25.00

2021 MAY -6 FM 2: 43

JUN 1 9 2021 S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: (NIC Properties ii LLC	
Subject: Same 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:	
Lona Davidovich Name of Person	
(Nic Properties: UC) Firm/Company	
Po Dox 52033 Address	
Savasota FL 34232 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (941) 302-0134  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$certified Copy (certified Copy (additional copy is enclosed))\$\Bigcup \$60.00 Filing Fee. Certified Copy (certified Copy (additional copy is enclosed))\$\Bigcup \$60.00 Filing Fee. Certified Copy (certified Copy (additional copy is enclosed))\$\Bigcup \$60.00 Filing Fee. \Bigcup \$60.00 Filing F	us &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	()T		757	$\sim$
(Name of the Limited Liability (A Florida )  The Articles of Organization for this Limited Liability Co	y Company as it now appears on Limited Liability Company)	·· <del>····</del>	and assigne	2021 MAY -6 P
Florida document number <u>L21000136447</u>			- ଅଧି	2
This amendment is submitted to amend the following:			20 m.	: <del>1</del> 3
A. If amending name, enter the new name of the limit	ted liability company here;			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name</u>	of the new re	gistered
Name of New Registered Agent:			_	
New Registered Office Address:	Enter Florida :	street address		<del></del>
		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. 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Hong Dwidwich	4759 Sping Megdow Lay Sausota, FL 34253	L XiAdd
			□Remove
			□Change
			DAdd
			Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
<del></del>		<del> </del>	🗆 Add
			□Remove

_					
_					
_					
_		<del></del> .			
_		<del></del>			
-					
_	<u> </u>				
_				·	
-	· · · · · · · · · · · · · · · · · · ·				
_					
_					
_	<del></del>				
-					
-			<del></del>		
-					
H an eff	ve date, if other than the date of filing:ective date is listed, the date must be specific and cans If the date inserted in this block does not meet ent's effective date on the Department of State	not be prior to date of fili the applicable statuto	ing or more than 90 days after	ional) er filing.) Pursuant to 605 iis date will not be list	5.020' ed a:
docum					
docum		dibetive time at 12:0	Lam, on the earlier of: (	b) The 90th day after	r the
docum	d specifies a delayed effective date, but not an c	offective time, at 12:0	La.m. on the earlier of: (	b) The 90th day afte ∑c	
docum ne recor ord is fil	d specifies a delayed effective date, but not an e ed.		La.m. on the earlier of: (	īĀ.	
docum ie recor ord is fil	d specifies a delayed effective date, but not an ed.	2021		īĀ.	
docum se recor	d specifies a delayed effective date, but not an ed.	2021		īĀ.	
docum ie recor ord is fil	d specifies a delayed effective date, but not an ed.			b) The 90th day after ACC ACC ACC ACC ACC ACC ACC ACC ACC AC	the 2021 MAY -6 PH 2: 43

Filing Fee: \$25.00