## <u>L21000198950</u>

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## **COVER LETTER**

TO: 'Registration Section

**Division of Corporations** 

N'S PERMACULTURE CREATIONS LLC SUBJECT: \_ 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: NIUSHA E. GUTIERREZ Name of Person Firm/Company 3575 BROKENSWOOD DRIVE #503 Address CORAL SPRINGS, FL 33065 City/State and Zip Code nspermacultureproject@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 514-0082 CARMEN'S, ROMERO-TEJEDA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION OF

SCORPER OF TOWN LLC ARTICLES OF THE PROPERTY OF THE PROP (Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) April 23, 2021 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number <u>L21000188950</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N'S PERMACULTURE & CREATIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

Cirv

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
AMBR	ELOISA <b>B</b> FAJARDO	3575 BROKENWOODS DRIVE #503	
		CORAL SPRINGS, FL 33065	Remove
AMBR	NIUSHA E. GUTIERREZ	3575 BROKENWOODS DRIVE #503	<b>=</b> Add
		CORAL SPRINGS, FL 33065	□Remove
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record specifies a delayed effec d is filed.	ve date, but r	not an effectiv	ve time, at 12	2:01 a.m. on th	e earlier of: (b	) The 90th day	after the
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Filing Fee: \$25.00