

h21 000204026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

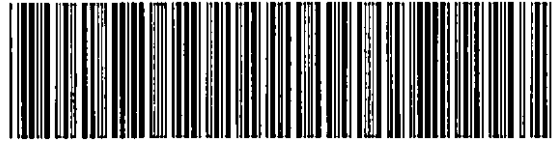
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200371286652

08/23/21--01014--012 \*\*25.00

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE  
2021 SEP 23 10:14 AM

9/1/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nicki La'Via  
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:

Nicole A. Calise  
Name of Person

Nicki La'Via  
Firm/Company

6479 Stonehurst circle  
Address

Lake Worth, FL 33467  
City/State and Zip Code

NickiLaVia@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Vanessa Spalato at ( 561 ) 676-1800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

X

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NICKILEVIE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/3/2021 and assigned Florida document number L21000204026

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 "L.L.C." 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 registered agent and/or the new registered office address here:**

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Nesal Caluse Manager  
If Changing Registered Agent, Signature of New Registered Agent  
V. Sopalata Manager

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

Title                      Name                      Address                      Type of Action

MGR      Nicole A. Calise      6479 Stonehurst circle       Add  
Lake Worth FL 33467       Remove

Veronica      \_\_\_\_\_      \_\_\_\_\_       Change

MGR      Vanessa Sgarlata      6479 Stonehurst circle       Add  
Lake Worth, FL 33467

Veronica      Vanessa Sgarlata      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing LLC name titles  
from president and vice president  
to Manager and manager.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 17, 2021

Nicole Calise  
Signature of a member or authorized representative of a member

Nicole A. Calise  
Typed or printed name of signee