

221000205915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

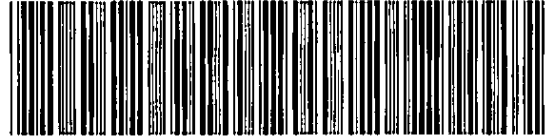
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/04/21--01014--013 **25.00

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2021 AUG -4 AM 10:23

REGISTRATION UNIT
FALLS CHURCH, VA

D BRUCE
AUG 15 2021

TO:	Florida Division of Corp	FROM:	NMW, LLC
FAX:	None	FAX:	None
PHONE:	850-245-6051	PHONE:	813-503-5360
SUBJECT:	Amend Auth Person to Manage	DATE:	8/2/2021

Name: Nichole Whitehurst
Daytime Phone Number: 813-503-5360
Return Address: 26141 Sword Dancer Drive, Wesley Chapel, FL 33544

To Whom it May Concern:

Enclosed please find a \$25 check for the filing fee to add "Nichole Whitehurst" to the Authorized Person to Manage NMW, LLC.

Thank you,

Nichole Whitehurst

2021 AUG -4 AM 10:23
COUNTY OF DADE
TALLAHASSEE, FL

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

NMW, LLC

(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 5/3/2021 and assigned
Florida document number 1210002 05915

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 "LLC" 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: _____

NICHOLE WHITEHURST

26141 SW 22 P DANCEY DR.

Enter Florida street address

WEST CHAPEL

City

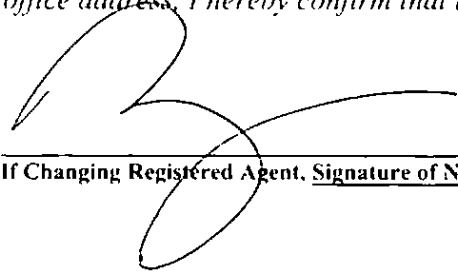
Florida

33544

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, 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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	NICHOLE WHITEHURST	26141 SWORD DANCER DR	<input checked="" type="checkbox"/> Add
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SEAL
TALLAHASSEE, FL

SECRET
MILITARY

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2021 AUG -4 AM 10:23

100

(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.

Dated 9/2/21

Robert Whitehead
Typed or printed name of signer