L21000250706

(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



000374703580

COVER LETTER

TO: Registration So Division of Cor				
Ninos VI I				
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mike Varga			
		Name of Person		
	Ninos VI LLC			
		Firm/Company		
	250 NW Main Blvd #1482	!		
		Address	·	
	Lake City, FL 32056			
		City/State and Zip Code		
	mike_vrg@yahoo.com			
		to be used for future annual report no	tification)	
For further information c	concerning this matter, please c			
Mike Varga		731 467-0607 at ()		
Name c	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:	action	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 631	27	The Centre of	Tallahassee	
Tallahassee,	Tallahassee, FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

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

Ninos VI LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on May 28, 2021	and assigned
Florida document number L21000250706		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
'he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		- <u> </u>
		- C - C
Enter new mailing address, if applicable:		7851 P3
Mailing address MAY BE A POST OFFICE BOX)		(n) 2m
		331 -
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	lice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	 	
New Registered Office Address:	, a	
	Enter Florida street addres	3.5
		lorida
	City	Zip Code

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>	Address	Type of Action
AMBR	Eva Varga	250 NW Main Blvd # 1482	■Add
		Lake City, FL 32056	□Remove
		·····	□ Change
			□Remove
			Zehange Zehange Zehange Zehange
			Remove
			O D Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change

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Signature of a member or authorized representative of a member							
Signature of a member or authorized representative of a member	Oct 4		 ·				
	Dated Oct 4	·	<u></u> ·				

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Filing Fee: \$25.00