

# L21000335933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

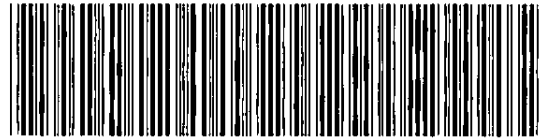
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100436978781

09/23/24--01022--018 \*\*50.00

2024 SEP 23 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NICOLE BENNETT PLLC

\_\_\_\_\_  
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 BENNETT

\_\_\_\_\_  
Name of Person

NICOLE BENNETT PLLC

\_\_\_\_\_  
Firm/Company

4620 E SILVER SPRINGS BLVD, UNIT 401

\_\_\_\_\_  
Address

OCALA FL 34470

\_\_\_\_\_  
City/State and Zip Code

NICOLELBENNETTREALESTATE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE BENNETT

352 470-4121  
at ( )

\_\_\_\_\_  
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

SEP 23 AM 10:55  
SECRETARY OF STATE

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

NICOLE BENNETT PLLC

(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 07/23/2021 and assigned  
Florida document number L21000335933.

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)**

4620 E SILVER SPRINGS BLVD

UNIT 401

OCALA FL 34470

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4620 E SILVER SPRINGS BLVD

UNIT 401

OCALA FL 34470

**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:

4620 E SILVER SPRINGS BLVD, UNIT 401

*Enter Florida street address*

OCALA

*City*

Florida 34470

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2025 SEP 3  
SECRETARY OF STATE  
FALL APPOINTMENT

2024 SEP 2  
SECRET  
ALL

08/01/2024

2021 SEP 23 11 10 AM '66  
SECRETARY OF THE ARMY  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11/11/01 BY 60320  
Pursuant to E.O. 13526, this document and its contents are hereby declared to be UNCLASSIFIED.

Dated SEPTEMBER 18, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**