L21 000	360173
(Requestor's Name) (Address)	100393542521
(City/State/Zip/Phone #)	09/12/2201018024 ++25.00
(Business Entity Name) (Document Number)	869 1 2 2022 R. HUNT
Certified Copies Certificates of Status	2922 SEP

Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporations

Park LC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Niya Williams at (726) 483 0732 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO	)		
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NOITH PAIK Acao ( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li The Articles of Organization for this Limited Liability Company of	iability Company)	ssigned	
Florida document number $L21000360173$ . This amendment is submitted to amend the following:		2022	17
A. If amending name, <u>enter the new name of the limited liabil</u> Norii Essentials LLC		2022 SEP 12	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "	12 CPH 12: 0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7341 Juhnson Street APt 209 Pembruke Pines, F1 3307	24	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the n</u>	<u>ew regis</u>	<u>stered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
Enter Florida street address			

## 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.

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

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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 September 2022 10 Mgnature of a member or authorized representative of a member NIYA Williams Typed or printed name of signee

Filing Fee: \$25.00