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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	

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COVER LETTER

NICKIS B SUBJECT:	RAIDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICOLE BENJAMIN		
		Name of Person	
	NICKIS BRAIDS LLC		
		Firm/Company	
	7840 NW 46 COURT	Name of Limited Liability Company sendment and fee(s) are submitted for filing. ence concerning this matter to the following: NICOLE BENJAMIN Name of Person NICKIS BRAIDS LLC Firm/Company 7840 NW 46 COURT Address LAUDERHILL,FL, 33351 City/State and Zip Code **Lickis Braids** 2 mail.com, Nickis Braids** E-mail address: (to be used for future annual report notification) graid.com erning this matter, please call: 3954 200-5277 at (
	LAUDERHILL,FL, 33351		
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	E-mail address: t	ckis Braids e	9 mail. com, Nickis Braids@
For further information c	concerning this matter, please c	all:	gasil.com.
Nicole Benjamin		at (
Name c	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

TO:

Registration Section **Division of Corporations**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our record liability Company)	MALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company	were filed on 8/20/21	and assigned
Florida document number 1.21000374790		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	· · · · · · · · · · · · · · · · · · ·	

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:

	City	_, Florida
New Registered Office Address:	Enter Florida street a	uddress
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

NICKIS BRAIDS LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	Name	<u>Address</u>	Type of Action
MGR	Nicole Benjamin	7840 NW 46 Court Lauderhill, H 33351	= Add
			□Remove
			□Change
AMBR	Cornelius Benjamin	7840 NW 46 Court Lauderhill, FL 33351	= Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗀 Add
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			□Change

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Signature of a member or authorized partiesentative of a member	Dated Wednesday, May, I		1/00	111				
	Dated Wednesday, May, 7	Mile	if P	Boy				

Filing Fee: \$25.00