## L21000414610

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## **COVER LETTER**

TO: Registration Sec Division of Corp		2		
	Nicky Boys	Toyz LL		
SUBJECT:		ited Liability Company		
	( Name of Lim	пес цавину Сотралу		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	-		
Trouse return an correspon	Chide	the Leany		
	Nitry Days	Name of Person Try 2 LIC / NBT (4	thida	
	79	Bord Word		
	Delvoy	Address 3348	<u> </u>	
	dried	A City/State and Zip Code  O ND Cle Ma. Cov	1	
	E-mail address: (	be used for future annual report notificat	ion)	
Chroch	Person Person	at (561) -789 -	-6-30+ lephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	<u>:</u>	Street Address:	ı ' *	:
Registration S	ection	Registration Section	on B	
Division of Co		Division of Corpor		•
P.O. Box 6327		The Centre of Talls	*******	
Tallahassee, F	L 32314	2415 N. Monroe S	treet, Suite 810'	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicky Bays T	o12 LLC
(Name of the Limited Liability Compar (A Florida Limited L	y s it now appears on our records.)
The Articles of Organization for this Limited Liability Company 「L24の0414610	20/2/021
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	709 Bond Way
(Principal office address MUST BE A STREET ADDRESS)	Dliay Beach, Ft 32183
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	709 Bold Way Deliay Beedy P2 33483
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	bry Beach, Florida 33,483
New Registered Agent's Signature, if changing Registered Agent:	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than sete: If the date inserted in this block does not meet the applicable statutory filing require	
	ements, this date will not be used as
cument's effective date on the Department of State's records.	
	arlier of: (b) The 90th day after the
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie filed.  September 1 7 14	arlier of: (b) The 90th day after the N21 SEP 16 PH