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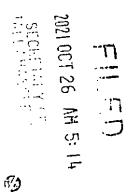
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		,
	Villiams L.L.C.	•	
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 Williams		
		Name of Person	
	Nicole M Williams L.L.C.		
		Firm/Company	
	1317 Edgewater Drive #16	64	
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	nwilliams71@gmail.com	to be used for future annual report no	atification)
For further information c	oncerning this matter, please c	•	Ameu.
Nicole Williams		704 779-6710	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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	<del>_</del>	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 26 AH 5: 1

Nicole M Williams L.L.C.

(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 1	0/19/2021	and assigned
Florida document number L21000455429			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)			
Enter new mailing address, if applicable:			<del></del> -
(Mailing address MAY BE A POST OFFICE BOX)	•••		
B. If amending the registered agent and/or registered office	address on our	records, enter th	ne name of the new registered
agent and/or the new registered office address here:			<u></u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	orida street address	
	<u></u>	, Flor	ida Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in	of my duties, and Chapter 605, F	I am familiar with and S. Or, if this document is

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
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			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□Change

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.	to the new o	date of 10/22/2021 on the Articles of Organization.
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Filing Fee: \$25.00