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## **COVER LETTER**

# TO: Registration Section **Division of Corporations** NICOLE N. HERNANDEZ, LLC SUBJECT: 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 H PIERCE Name of Person NICOLE N. HERNANDEZ, LLC Firm/Company 4625 CLOVERLAWN DR Address TAMPA, FL 33624 City/State and Zip Code NICOLE.WORKBILLS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICOLE H. PIERCE 813 843-0445 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICOLE N. HERNANDEZ, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on November 01, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u> bi	lity company here:	
NICOLE H. PIERCE, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		023 HAR
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Satura and an address of applicables		ASS TI
Enter new mailing address, if applicable:		Elvi & U
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
<ol> <li>If amending the registered agent and/or registered office a gent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the </u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
<del></del>	City	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 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	Address	Type of Action
			□Add
			<b>≘</b> Change
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ffectiv	e date, if other than the date of filing: (optional)
f an effe <u>Note:</u> - I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
d is file	
Dated _	2/15/2073  **Micole H Pierce**  Nicole H Pierce**  Nicole H Pierce**  **Turned Theory of a member of a
	Wide H. Pierce
	Signature of a member or authorized representative of a member

Typed or printed name of signee