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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEP - 6 2022 S. PRATHER

COVER LETTER

TO:

Registration Section
Division of Corporations

| | Name of Lin | ited Liability Company | |
|---------------------------------|--|--|--|
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Neika N Smith Small | | |
| | | Name of Person | _ |
| | Neika N Smith Small API | N LLC | |
| | | Firm/Company | _ |
| | 11087 SW Ivory Springs I | ame | |
| | | Address | _ |
| | Port St. Lucie , FL 34987 | | |
| | · | City/State and Zip Code | |
| | NeikaSmall24@gmail.com | | |
| | E-mail address: (| to be used for future annual report notification) | - |
| For further information c | oncerning this matter, please c | all: | |
| Neika N Smith Small | | 954 854-8838 ai () | |
| Name o | f Person | Area Code Daytime Telephone Numl | xır |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific | Filing Fee, cate of Status & ed Copy nal copy is enclosed) |
| Mailing Address | - | Street Address: | |
| Registration S Division of C | | Registration Section Division of Corporations | |
| P.O. Box 632 | • | The Centre of Tallahassee | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Street, Suite | 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | 2022 |
|---|--|----------------------------|
| Neika N Smith Small APRN LLC | |): <u></u> |
| (<u>Name of the Limited Liah</u> (A Flor | ollity Company as It now appears on our records.) ida Limited Liability Company) | 2022 JUN 17 Pa |
| The Articles of Organization for this Limited Liability | Company were filed on 11/16/2021 | and assigned? |
| Florida document number 1.21000492050 | <u></u> . | TAIE ORID |
| This amendment is submitted to amend the following: | | Tr. |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|-----------------------------|-----------------------------------|
| AP | Jordan M Small | 11087 SW Ivory Springs Lane | |
| | | Port St. Lucie, FL 34987 | ■Remove |
| | | · | □Change |
| AP | Hannah E. Hairston | 11087 SW Ivory Springs Lane | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | Port St. Lucie , FL 34987 | ≣Remove |
| | | | □Change |
| MGR | Neika N Smith Small | 11087 SW Ivory Springs Lane | ■ Add |
| | | Port St. Lucie , 17, 34987 | □Remove |
| | | | ⊡Change |
| | | | |
| | | | □Remove |
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| | | | □Remove |
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| | | | IRemove |
| | | | □Clunge |

| Flective date, if other than the date of filing: an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 201 days after filing; plurisuant to 605 5207 one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 20th day after the tis filed. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Neika N Smith Small | | | | | | | | | | - |
|--|------------------------------|---|---------------------------------------|----------------------------------|----------------|---------------------------------------|-------------------|--|-------------------|--------------|
| ffective date, if other than the date of filing: | | | | | | | | | | _ |
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