# L22000051009

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,-,
	<del></del>	

Office Use Only



800385525298

04/11/22--01031--010 \*\*25.00

2022 APR 11 PH 5: 53
SECRETARY OF STATE
TALLANDO OF STATE

O SIMMONS APR 2 6 2022

## **COVER LETTER**

TO:	Registration Se Division of Co			•
~	Shawn Nil	kole, LLC	•	_
SORJE	scr:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	•
Please	return all correspo	ondence concerning this matter	to the following:	
		Shawnette Tucker		
	Shawn Nikole LLC  Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Shawnette Tucker  Name of Person  Shawn Nikole LLC  Firm/Company  2301 S Ocean Dr. apt 2506  Address  Hollywood, FL 33019  City/State and Zip Code  shawnnikolellc@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  ette Tucker  Name of Person  Page 200 Person  Area Code  Daytime Telephone Number  Sto O Filing Fee  Certificate of Status  Certificate Opy  Certificate of Status			
		Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Ill correspondence concerning this matter to the following:  Shawnette Tucker  Name of Person  Shawn Nikole LLC  Firm/Company  2301 S Ocean Dr. apt 2506  Address  Hollywood, FL 33019  City/State and Zip Code  shawnnikolellc@gmail.com  E-mail address: (to be used for future annual report notification)  primation concerning this matter. please call:  acker  Name of Person  Page 10  Area Code  Daytime Telephone Number  heck for the following amount:  Ing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,		
		<u></u>	Firm/Company	<del></del>
		2301 S Ocean Dr. apt 25	506	
		<del></del>	Address	<del></del>
		Hollywood, FL 33019		
		shawnnikolellc@gmail.co	•	
				port notification)
For fur	ther information c	concerning this matter, please ca	all:	
Shawr	nette Tucker			009
	Name o	f Person .		Daytime Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>X</b> \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status &  ced) Certified Copy

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

## **COVER LETTER**

TO: Registration Se Division of Cor			
	LC		
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations  Millie 26 LLC  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:  Shawnette Tucker  Name of Person  Shawn Nikole LLC  Firm/Company  2301 S Ocean Dr apt 2506  Address  Hollywood, FL 33019  City/State and Zip Code  Millie26LLC@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shawnette Tucker  910  7880009  at (			
Please return all correspo	ondence concerning this matter	to the following:	
	Shawnette Tucker		
		Name of Person	
	Shawn Nikole LLC		
	Shawn Nikole LLC  Firm/Company  2301 S Ocean Dr apt 2506  Address  Hollywood, FL 33019  City/State and Zip Code  Millie26LLC@gmail.com  E-mail address: (to be used for future annual report notification)		
	Hollywood, FL 33019		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	<del></del>	to be used for future annual report not	fication)
For further information of		<u>.</u>	,
	3		
		at ( )	e Telephone Number
Enclosed is a check for the	he following amount:		
<b>™</b> \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

2022 APR 11 PM 5: 53

Shawn Nikole LLC SECRETARY OF STATE			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears of our reduction SEE. FL d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number L22000051009	ny were filed on January 31, 2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility 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:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Floxida street address		

### 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.

City

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
MGR	Shawnette Tucker	2301 S Ocean Dr apt 2506	<b>X</b> Add
		Hollywood. FL 33019	□Remove
			□Change
	<del></del> -		□Add
			□Remove
			🗆 Change
	<del></del>		□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Remove
			□ Change
<del></del>			□Add
			□ Remove
			☐ Change
		·	□Add
			□Remove
			□Change

	<del></del>			<del></del>
			•	
				<u> </u>
<del></del>				<del></del>
				<u>.</u>
<u> </u>				
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	<del></del>	<del></del>	<del> </del>	
	. <del>-</del>			<del></del>
				<del></del>
				<del></del>
ffective date, if other than the can effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the Department.	t be specific and cannot be pri ock does not meet the appl	licable statutory filing	(optional) re than 90 days after filing.) Pursu requirements, this date will n	ant to 605.0207 ( ot be listed as t
record specifies a delayed effective l is filed.	date, but not an effective	time, at 12:01 a.m. o	the earlier of: (b) The 90th	day after the
April 4	2022	<u> </u>		
<u> </u>	3 - 1			
	Signature of a member or aut	thorized representative c	f a member	