L22000158330

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	A			
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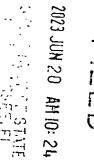
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6/22/23 VLM



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicci Rose Couture, LLC				
(Name of the Lim	ited Liability Comps (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)	
The Articles of Organization for this Limited I	iability Company	were filed on	and assigned	
Florida document number L22000158330				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
TheNicciRoseExperience, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		12022 Alexandra Drive		
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32218		
			2023	
			JUN 2	
Enter new mailing address, if applicable:			220	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			11E	
B. If amending the registered agent and/or agent and/or the new registered office addragent		address on our records, <u>en</u>	ter the name of the new registe	
igent and of the new registered office additi	cos nei e.			
Name of New Registered Agent:	Nikeera A. Farmer			
New Registered Office Address:	12022 Alexand	łra Drive		
	Enter Florida street address			
	Jacksonville		Florida 32218	
		City	7in 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 A_{\bullet} thorized 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
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated December 10th, 2000.
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member NI FREY A FREY MOV Typed or printed name of signee