L22000196681

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SECRETARY OF LIGHT AND LIG

COVER LETTER

TO:	Registration Se Division of Cor		L	·
CHD IE/		E JOBS OF ALL KINDS LLC		
SUBJEC	UI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		CASSIA DOSSANTOS		
			Name of Person	
		D.SPARK SERVICES		
			Firm/Company	
		771 S. KIRKMAN RD SU	TTE 106	
		· · · · · · · · · · · · · · · · · · ·	Address	
		ORLANDO FLORIDA		
			City/State and Zip Code	
		DSPARKBUSINESS@GM		10
			to be used for future annual r	eport notification)
For furth	ner information co	oncerning this matter, please c	all:	
CASSIA	DOSSANTOS		,	2090
•	Name of	f Person	at () Area Code	Daytime Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address		Street Ad	
	Registration S Division of C		_	tion Section of Corporations
	P.O. Box 632			tre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUTE-NIKE JOBS OF ALL KINDS LLC

(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 (04/25/2022 and assigned Florida document number 1.22000196681

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PUTE NICKI DREAM BUILDER LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:				
New Registered Office Address:		\mathbb{F}_{σ}	207	
	Enter Florida street address	CCSE ECSE	610 C	
	. Florida	<u>-</u> 1. 1. 1	F	ر . محمد درست ر مدرست
<u></u> -	City	S Zip	Cods	i
New Registered Agent's Signature, if changing Registered Agen	ıt <u>:</u>	inci	至	<u> </u>

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 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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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		 	□Remove
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(If an effect Note: If	e date, if other tive date is listed, to the date inserted this effective date	he date must I in this blo	t be specific a ock does no	and cannot be pri t meet the app	or to date of fili icable statutor	ng or more thai	i 90 days aftei	filing.) Pursuant	
ne record s ord is filed	specifies a delayo	ed effective	e date, but n	ot an effective	time, at 12:01	a.m. on the	earlier of: (t) The 90th day	y after the
Dated	JULY	13		.2023	·				
			Signature of	RCi Ci a member or au	BC R thorized represe	OF O	ember		_
				ORCICI Typed or pri	\sim				