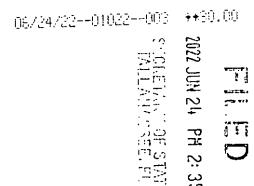
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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A. BUTLER SEP 17 2022

COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| NICAJAM | • | | • |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | Amendment and fee(s) are sub | | |
| rease return an correspo | machee concerning this matter | to the following. | |
| | Charmaine Wilson | | |
| | | Name of Person | |
| | Nicajam LLC | | |
| | | Firm/Company | |
| | 6736 Raleigh Street | | |
| | | Address | |
| | Hollywood/ FL 33024 | | |
| | | City/State and Zip Code | |
| | cnovawilson@gmail.com | to be used for future annual report not | (figurian) |
| or further information c | oncerning this matter, please c | • | meanony |
| Charmaine Wilson | | 954 610-3386 at (, ,) | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | |
| Registration S Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | - | The Centre of | Tallahassee . |
| Tallahassee, | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2622 HIN 24 PH 2: 35

| | <u> </u> |
|--|--|
| (Name of the Limited Liability Compa | ny as it now appears on our records.) |
| (A Florida Limited L | Liability Company) SCORETALY OF STATE |
| | しいいへいと 25 mm は 1751 に でかり AM / こうだだしだり |
| | GLA 05/24/2022 SASSEAS SATERILE |
| he Articles of Organization for this Limited Liability Company | were filed on assigned and assigned |
| lorida document number L22000240783 | |
| iorida document number | |
| | |
| his amendment is submitted to amend the following: | |
| | |
| . If amending name, enter the new name of the limited liab | lity company here: |
| | |
| | |
| | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company "the designation "L.L.C." or the abbreviation "L.L.C." |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| • | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| he new name must be distinguishable and contain the words "Limited Liabil inter new principal offices address, if applicable: | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | |
| nter new principal offices address, if applicable: | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | |
| nter new principal offices address, if applicable: | |
| inter new principal offices address, if applicable: | |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | |
| • | |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: | |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: | |

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

NICAJAM

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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 | Kianic A Wilson | 6736 Raleigh Street, Hollywood, FL 33024 | □Add |
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| ective | date, if other than the date of filing: (optional) |
| <u>e:</u> If t | re 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. |
| cord sp s filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed | 6/18/2022. |
| | Signature of a member or authorized representative of a member |
| | |
| | Charmaine N Wilson Typed or printed name of signee |

Filing Fee: \$25.00