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COVER LETTER

ΓΟ: Registration Sec Division of Corp			
SUBJECT GILLIC	K Nic LLC		
SUBJECT. EXOTIC	Name of Limite	d Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Danielle Ro	OC O- Name of Person	
		Firm/Company	
	13917 SW	S6+h (+ Address	
	Migmi, FLC Sdroca Oyo E-mail address: (to	City/State and Zip Code ahou. CoM be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	11:	
Dance le	VLe c in Person	at (<u>305</u>) <u>588 - Area Code</u> Daytime	4305 : Telephone Number
Enclosed is a check for t	he following amount:		7 - 44 - 44 P.V P.
医\$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)
		Street Address:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 OCT 12 AM 9: 52

CATICK NIC LLC: SELRETARY OF SMAP.

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 31, 2022 and assigned Florida document number <u>L22600</u> 5 8 4 071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 OF FICE 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: Enter Florida 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.

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
MCIR	Eyan Ruca	13917 Sh 8644 CH	□Add
		miami Florida, 33158	⊠ Remove
			□Change
MCIR	Danielle Loca	13917 Sw 86th Ct	⊠ Add
		Miami Florida, 33158	□ Remove
			□Change
			□Add
			Remove
			Change
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Effective date, if other than the date of filing:	optional) after filing.) Pursuant to 605.02 s, this date will not be listed
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.	of: (b) The 90th day after th
Dated October 7th 2022	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00