

(((H23000308580 3)))



H230003065603A5C1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

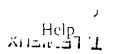
Email Address:



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NIKKIBREE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIKKIBREE, LLC.			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ou lited Liability Company)	r records.)	_
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/02/22	and	assigned
Florida document number L22000470089			
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	on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	S)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·	. 20	******
		S	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	enter the name of the	new register
		· -P	
Name of New Registered Agent:		- PH - C	
New Registered Office Address:			
	Enter Florida stree	Haddress	
		, Florida	
	Cuv	Zip Ci	refer

## 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.

9/5/2023 13:20:46 PL<del>-</del>T

To 18506176383

Page 3/4

From Registered Agents Inc.

Fax 81343

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>	Name	Address	Type of Action
CEO	Barletta, Stephanie	4529 Old Canoe Creek Road	
		St. Cloud, FL 34769	
		- · · · · · · · · · · · · · · · · · · ·	Change
AMBR	Ascendancy Enterprises LLC	30 N Gould St	<b>∑</b> !Add
		Ste N	□Remove
		Sheridan, WY 82801	_
			🗆 Add
			□Remove
		f7(Thange	
		□ Add	
		□Remove	
	<del></del> <del></del>	[]Change	
		□Add	
		∐Remove	
	<del></del> -	□Change	
		∐Add	
			□Remove
			□ Change

D. If amending any other info	rmation, enter change(s) here	v: (Attach additional sheets, if necessary.)
<del> </del>		
<del></del>		
		<del></del>
<del></del>	·	<del></del>
E - Effactive data if other than	the data of filings	(ontional)
Note: If the date inserted in th	must be specific and cannot be prior is block does not meet the applicate Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(the able statutory filing requirements, this date will not be listed as the
If the record specifies a defayed effi- record is filed.	ective date, but not an effective to	me, at 12:01 a.m. on the earlier of: (b)—The 90th day after the
Dated September 5th	2023	
Nat Smith		
		prized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee