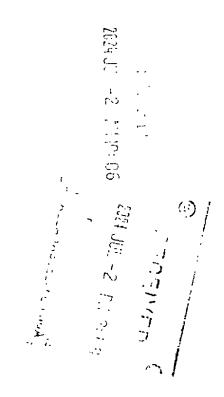
L22000513825

(F	(equestor's Name)	
	Address)	
()	kaaress)	
	Address)	
·	·	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
L <u></u> }		
(8	Business Entity Name)	
,-	,	
])	Document Number)	
Certified Copies	Certificates of S	itatus
<u>,</u>		
Special Instructions to F	iling Officer:	
		ļ
	J. HORNE	
	J. HUKNE	•
	JUL - 3 207	24
	JOE 0 500	
		ļ
L		





400432162134



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/02/2024	_	⇔WALK D
entity name ^{Nik &}	G, LLC	WALL II
		•
DOCUMENT NUMBER		
	PLEASE FILE 1	THE ATTACHED AND RETURN
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Ar Certificate of Good S	
	APOSTILLE'/	NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	4 <i>TION</i>	
NUMBER OF CERTIFICA	'ATES REQUESTED	
TOTAL OWED \$25		ACCOUNT #: 120160000072
	_	S. 87/10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/02/2024			₩ALK IN
ENTITY NAME Nik & G	, LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE AT	TACHED AND RETURI	//* *
	Plain Copy		
XXXXXXXX	Certified Copy Certificate of Status		
**	PLEASE OBTAIN THE FOLLO	WING FOR THE ABOVE	ENTITY**
	Certified Copy of Arts & 1	Amendments	
	Certificate of Good Standing		
	APOSTILLE' / NOTI	ARIAL CERTIFICATIO	7N
COUNTRY OF DESTINA NUMBER OF CERTIFICA			
TOTAL OWED \$30			: 120160000072 8 HV
Please call Tina at i	the above number for any		

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/02/2024	_		<i>⇔WALK IN</i> *
entity name <u>Nik & (</u>	G, LLC		
DOCUMENT NUMBER			
	PLEASE FILE T	HE ATTACHED AND RETURN	
····	Plain Copy		
	Certified Copy		
XXXXXXXX	Certificate of Status		
	Certified Copy of Art Certificate of Good St		
	APOSTILLE'/I	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	,		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$30		ACCOUNT #: 1201600000	72
Please call Tina at 1	the above number kar	any issues or concerns. Thank you	.eo much!

COVER LETTER

	gistration Se vision of Cor			
CHRIECT.	NIK & G, L	LLC		
SUBJECT.	·	Name of Lim	ited Liability Company	
The enclose	d Articles of :	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		DANIEL P. SOKOLOFF		
		- nt-	Name of Person	
		DANIEL P. SOKOLOFF.	CPA, PA	
			Firm/Company	
		715 E. HILLSBORO BLV	D. 2ND FLOOR	
			Address	
		DEERFIELD BEACH, FL		
			City State and Zip Code	
		DSOKOLOFF@TAXSOFI		
			to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please co	ılf:	
DANIEL SO	OKOLOFF		954 360 - 8477	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	S30.00 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)
	siling Address gistration S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIK & G, LLC

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

	· , ,		
The Articles of Organization for this Limited Florida document number 1.22000513825	Liability Company were filed on	12/07/2022	and assigned
This amendment is submitted to amend the fo	ollowing:		
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," th	e designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
			
Enter new mailing address, if applicable:		-	
	<u></u>		
Mailing address MAY BE A POST OFFIC. B. If amending the registered agent and/or	E BON) ————————————————————————————————————		
Mailing address MAY BE A POST OFFIC. 3. If amending the registered agent and/or	E BON) ————————————————————————————————————	r records, <u>enter th</u>	
Mailing address MAY BE A POST OFFIC. B. If amending the registered agent and/or spent and/or the new registered office address.	registered office address on our	r records, <u>enter th</u>	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent.	registered office address on our ess here: DANIEL P. SOKOLOFF, CPA 715 E. HILLSBORO BLVD, 2	r records, <u>enter th</u>	
	registered office address on our ress here: DANIEL P. SOKOLOFF, CPA 715 E. HILLSBORO BLVD, 21 Enter F	r records, <u>enter the</u> ., PA ND FLOOR Florida street address	

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 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
AMBR	GIANNA COLUCCI	13201 SW 32ND COURT	□Add
		DAVIE, FL 33330	
		·	[]Change
			∐Add
			□ Remove
			LIChange
			PPVC
			□ Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If 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

record is filed.

Dated	JULY 2	2024	
		Will Him	
		Signature of a member or authorized representative of a member	
		NICOLETTE MANIATAKOS	
_	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Filing Fee: \$25.00