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## **COVER LETTER**

TO:	Registra Division	tion Sect of Corp		
SUBJEC		JL NICK		
3003130	<u> </u>			ited Liability Company
			mendment and fee(s) are sub	
		•	Pavlo Nykyforov	
				Name of Person
			Paul Nick LLC	
				Firm/Company
			14032 Magnolia Cove Roa	nd
				Address
			Jacksonville Fl 32224	
				City/State and Zip Code
			nykyforov1995@gmail.com E-mail address: ()	to be used for future annual report notification)
For furth	er inform	ation con	ncerning this matter, please ca	
Pavlo Ny				904 676-8731 23 23 23 Area Code Daytime Telephone Number 7 27 27 27 27 27 27 27 27 27 27 27 27 2
<del></del>		Name of P	Person	Area Code Daytime Telephone Number
Enclosed	is a chee	k for the	following amount:	
■ \$25.0	00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Flatuce (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing A		etion	Street Address: Registration Section

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

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

PAUL NICK 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 12/23/2022 and assigned Florida document number 1.22000535619

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 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 agent and/or the new registered agent.

Name of New Registered Agent:

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

New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amonding 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	Pavlo Nykyforov	14032 Magnolia Cove Rd	
		Jacksonville Fl 32224	Remove
			Change
			□Add
			Remove
			S Dhange
			See Remove
			E. STATE Containing
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and modifies a delayed offerties	date, but not an effective time	e, at 12:01 a.m. on the earlier of	of: (b) The 90th day	y after the
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is filed.  ated 02/07 /2023	ignature of a member or authoriz	red representative of a member	K. PART OF STA LLALASSEE, FL	