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	Requestor's Name)
(	Address)
	(Address)
(	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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2023 SEP -5 AN 9: 48
SECRETARY OF STATE

Office Use Only

## **COVER LETTER**

TO:

TO: Registration Sec Division of Cor			
SUBJECT:	cetouch L	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Micah Niceton	Pobinson Name of Person  Jeh LLC Firm/Company	
	4231 Sou	thern Manulia	LANE
		City/State and Zip Code	>0
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	itication)
FELICIA TO	LOGINSON Person	at ( <u>904</u> ) <u>554</u> Area Code Daytim	- 5055 ETS 48
Enclosed is a check for the	he following amount:		
S25.00 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 Addre Registration Division of C P.O. Box 63	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,	FL 32314	2410 IV, WIOHIC	o paret, mare vio

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICE TOUG	ch LLC
( <u>Name of the Limited</u> (2	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on Frbio Nin 23, 2023nd assigned
Florida document number 1230009	8674
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	
(Principal office address MUST BE A STREET	TADDRESS)  TO THE SE TH
	The 15 Th
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	
	<sub>[17]</sub> σο
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, enter the name of the new registered s here:
Name of New Registered Agent:	Micah Rubinson
New Registered Office Address:	Micah Rubinson  4231 Southan Magnolia Lang Enter Florida street address
	Middlyburg Florida 32068  Zip Code
New Registered Agent's Signature, if changing Re	egistered 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
MOT B	Michael Blue	4231 Southern MAgnolia Laur	Ę □Add
		Middleburg Florida 3704	
		· · · · · · · · · · · · · · · · · · ·	□Change
MGR	Felicia Robinson	4231 Southern magnetion	<u></u> Lo⊋Add
		Middlzburg / Florish 3201	- □Remove
			□Change
		CRETA FALLA	Change
		SECRETARY OF STATE TAILLAHASSEE, FL	- CReiπβίνο - Reiπβίνο
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Effecti	ive date, if other than th	ne date of filing:			(4	optional)		
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If an eff Note:	ent's effective date on the	Department of Sta	ite's records.					
Note:				. 12.01		if: (b) The 9	00th day a	ifter the
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Filing Fee: \$25.00