Division of Corporations

Note: Please print this page and use it as a cover sheet ax audit number

(shown below) on the top and bottom of all pages of the document.

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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 foodur annual report mailings. Enter only one email address please

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NICKORA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

FEB - 2 2024

Electronic Filing Menu — Corporate Filing Menu

Help

Ta 18506176383

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NickOra LLC (Name of the Limited Liability Company a (A Florida Limited Liabi	s It now appears on our records.)	
(A contra l'inner Plant	шу Сопрану)	
he Articles of Organization for this Limited Liability Company wer	re filed on 04/04/23 and assigned	
lorida document number L23000166581		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
pptiShine LLC		
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
	202	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		
	522 - In	
•••	30 I	
. If amending the registered agent and/or registered office addi	ress on our records, enter the name of the new registe	
gent and/or the new registered office address here:	7 8	
	iu	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:		

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.

2/1/2024 07:32 45 PST .

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	<u>Address</u>	Type of Action
			□Remove
		 	[iChange
			□Add
			□Remove
			□Add
			©Remove
			□Remove
			Change
			□Add
			∐Remove
			[] Change
			□Add
			□Remove

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-		
fective date if other than t	ne date of filing:	(optional)
in effective date is listed, the date n inter: If the date inserted in this	and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605,0207 (ntory filing requirements, this date will not be listed as t
is filed.	ave date, but not an effective time, at 12	
February 1st	Signature of a member or authorized repr	
- /// 72/1°	Super William I will be the first the second	

Typed or printed name of signee