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COVER LETTER

Div	gistration Serision of Cor		ng 4	À
.	TOUGH N	CKEIFLLC		•
SUBJECT:	•	Name of Lim	ited Liability Company	•
	1	No. of the second States and States	ania al finantita	
		Amendment and fee(s) are sub		
Please returt	rall correspo	ndence concerning this matter	to the following:	
		Christopher C Blatt		
			Name of Person	
			Firm/Company	
		1029 Truman Avenue		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	
		assetsbaret@aol.com	to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please co		
	inca H. Sterl	•	305 797-682	5
	Name of		at ()	yume Telephone Number
	Name of	Person	Prica Code 17a	ytime receptione sumber
Enclosed is:	a check for th	ie following amount:		
T \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy)s enclosed.
				<u> </u>
	iling Addres gistration S		<u>Street Addres</u> Registration	Section $\frac{1}{2}$
Di	vision of C	orporations	Division of	Corporations
	D. Box 632			1
Ta	llahassee, l	1L 52514	2415 N. Mo Tallahassee.	nroe Street, Suite 810 FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limit)	ed Liability <u>Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 04/12/2023 and assigned
lorida document number 1.23000182297	
his amendment is submitted to amend the follo	owing:
. If amending name, enter the new name of	the limited liability company here:
FOUGH NICKEL LLC	
he new name must be distinguishable and contain the w	ords "Lumited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
Principal office address MUST BE A STREE	T ADDRESS)
inter new mailing address, if applicable:	
••	BOX)
••	BOX)
Mailing address MAY BE A POST OFFICE of the second of the segment and second of the se	egistered office address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE of the second of the registered agent and/or resistered agent agent and/or resistered agent age	egistered office address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE of the second of the registered agent and/or regent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new regis</u> is here:
Name of New Registered Agent:	egistered office address on our records, enter the name of the new regis

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Add
			□Remove
			Change
			□Remove
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			□Remove
			Change.

Christopher C Blatt

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

				
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Note: 15 of 15 of 16 of	ic applicable stan	long or more that nory filing requ	n 90 days after bang- irements, this date	Persuant (बर्द्धवर्थ) है। will not be क्षिति as the
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Filing Fee: \$25.00