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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| bA) | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer. | |
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Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CONFORATION

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COVER LETTER

| TO: | Registration So Division of Cor | | • | · . | • |
|---------------|------------------------------------|---|---|---|----------------------------------|
| SUBJE | s Nissi Comp | pany LLC | | | |
| SUBJE | C1 | Name of Lin | nited Liability Company | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please r | return all correspo | ondence concerning this matter | to the following: | | |
| | | Denice Carol Bagwell | | | |
| | | | Name of Person | | |
| | | Nissi Company LLC | | | |
| | | | Firm/Company | | |
| | | 19084 Shalott Court | | | DI: 2 6 |
| | | | Address | | SECRET DIVISION 0 2023 OCT |
| | | Land O Lakes, FL. 34638 | | | 07 -6 |
| | | | City/State and Zip Code | | |
| | | liftthebanner@gmail.com | | | PH 2 |
| For furt | her information c | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | itication) | 2: 23 |
| Denice | Carol Bagwell | | 309 2005654 | | |
| | Name o | f Person | | ne Telephone Number | _ |
| Enclose | d is a check for the | he following amount: | | | |
| ≡ \$25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Certificate of Certified Cop (additional copy | Status & |
| | Mailing Addres | | Street Address: | | |
| | Registration S | | Registration Se | | |
| | Division of C P.O. Box 632 | - | Division of Co The Centre of | | |
| | Tallahassee, | | | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim | ited Liability Compa (A Florida Limited l | iny as it now appears on our re Liability Company) | ecords.) | |
|--|--|---|------------------------|-----------------|
| The Articles of Organization for this Limited I | Liability Company | were filed on May 22 2023 | | and assigned |
| This amendment is submitted to amend the fol | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| Nissi Company LLC | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if appli | icable: | 19084 Shalott Court | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | Land O Lakes, FL, 34638 | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | <u>: BOX)</u> | 19084 Shalott Court Land O Lakes, FL, 34638 | 70Z3 UC] —8 | DIVIDENCE FILE |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office a | address on our records, <u>e</u> | nter the name of | |
| Name of New Registered Agent: | Denice Carol B | Bagwell | | , |
| New Registered Office Address: | 19084 Shalott (| | | |
| | | Enter Florida street a | ddress | |
| | Land O Lakes | | . Florida <u>34638</u> | |
| | | City | ; | Zip Code |

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

Nissi Company LLC

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 |
|--------------|-----------------------|-------------------------|--|
| MGR | Darrell A. Bagwell Jr | 19084 Shalott Cout | □ Add |
| | | Land O Lakes, FL, 34638 | ■Remove |
| | | . | □Change |
| MGR | Denice Carol Bagwell | 19084 Shalott Court | ∃ Add |
| | | Land O Lakes, FL, 34638 | □Remove |
| | | | □Change |
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