## L23 000 257 577

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			•
SUBJECT:	NOTHING LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	BRENT	M LITTLE  Name of Person	<del></del>
	No	HING LLC Firm/Company	
	186	GOLDEN EAGLE CT	209
	SANTA RO	SA BEACH FL 37. City/State and Zip Code	)459 F
	NOTHING L E-mail address: (	LCFL @GMAIL.COM to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	(9) (3)
BRENT	M LTTLE of Person	at ( <u>850</u> ) 567 - 6	1580 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
	Section Corporations	Street Address: Registration Sec Division of Cor	
P.O. Box 63 Tallahassee.		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears of Liability Company)	on our records.)		-
The Articles of Organization for this Limited L		were filed on	5/25   2023	and a	assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here	:		
The new name must be distinguishable and contain the well that the manual principal offices address, if application of the distinguishable and contain the well that the manual principal office address MUST BE A STREE	rable:	lity Company," the desi	gnation "LLC" or the a	ubbreviation	"L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				2023
B. If amending the registered agent and/or r	registered office	address on our rec	ords, enter the na	me of the r	or
agent and/or the new registered office addre	ss here:				
Name of New Registered Agent:	BRENT	•	<u> </u>	<u></u>	<del></del>
New Registered Office Address:	<u> 86 6</u> 0	DLDEN EAG Enter Florida	LE C] a street address		
	SANTA RO	61 BEACH City	, Florida _	3945 Zip Cod	19 de

## New Registered Agent's Signature, if changing Registered 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>	Name	Address	Type of Action
MGR	BOONT M LITTLE	1860 GOLDEN EAGLE CT	ØAdd
		SANTA ROSA PEACH PL 301	199 □Remove
			□Change
AMBR	SHIRA L. GOTTIER	186 GOLDEN EABLE CT	XAdd
·		SANTA ROSA BEACH FLE	8469 ⊟Remove
			□Change
			□ Add
			Remove
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	(A)
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing ote:  If the date inserted in this block does not meet the applicable statutory incument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	.m. on the earlier of: (b) The 90th day after
ted 7/26/203 930Am.	
BIM L	
Signature of a member or authorized representa	ative of a member

Filing Fee: \$25.00