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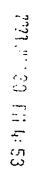
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration So Division of Cor			
Nikki Med	ia LLC	-+	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
•	Joeleen Contreras		
		Name of Person	·
	Nikki Media LLC		
		Firm/Company	
	9400 Ivy Brook Run, unit	102	
	<del></del>	Address	
	Fort Myers, FL 33913		~->
	-	City/State and Zip Code	<del></del> ;3
	Nikkimediallc@gmail.com		<u> </u>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Joeleen Contreras		33913 (239) 314-98	99
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration		Street Address: Registration Sec	rtion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee	FI 32314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
(A Florida Limited Li	nability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on June 05, 2023	and assigned
lorida document number 1.23000272753		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	~?.
Principal office address MUST BE A STREET ADDRESS)		ب <u>:</u>
		:
		,
Enter new mailing address, if applicable:		- n - :
Mailing address MAY BE A POST OFFICE BOX)		
Musting duaress PIAT IND A 1 (03) OF FIGE 19074		ယ်
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer rumaa sireet aaaress	
	Florida	Zip Code
	City	zip Coae

## 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>	<u>Name</u>	Address	Type of Action
CEO	Joeleen Contreras	9400 Ivy Brook Run, unit 102, Fort Myers, FL 33913	<b>=</b> Add
			_ □Remove
			_ Change
VP	Nicole Navarro	9400 Ivy Brook Run, unit 102, Fort Myers, FL 33913	<b>∃</b> Add
			□Remove
			□Change
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			□Change

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Signature of a member of authorized representative of a member			
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	is filed.	, <u>8am</u>	
	is filed.	- Sam	
JOELEEN CONTRELAS	is filed.  June 05, 2023	The same of the sa	nember
	is filed.  June 05, 2023  Signa	ature of a member of authorized representative of a r	nember
114	is filed.  June 05, 2023  Signa	The same of the sa	nember