

# L23000466733

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000200908 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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Fax Number : (954)252-4124

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NILE FRAGRANCES LLC

Certificate of Status	1
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Corporate Filing Menu

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K. SALY

JUN 14 2024

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DIVISION OF CORPORATIONS  
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6/12/2024 3:30:50 PM PAGE 1/001 Fax Server



June 12, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NILE FRAGRANCES LLC  
9881 SUNRISE LAKES BLVD  
301  
SUNRISE, FL 33322

SUBJECT: NILE FRAGRANCES LLC  
REF: L23000466733

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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KYLE D BRUMBLEY FAX Aud. #: H24000200908  
Regulatory Specialist II Supervisor Letter Number: 524A00012796  
Registration Section

850-617-6381

6/7/2024 10:23:57 AM PAGE 1/001 Fax Server



June 7, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NILE FRAGRANCES LLC  
9881 SUNRISE LAKES BLVD  
301  
SUNRISE, FL 33322

SUBJECT: NILE FRAGRANCES LLC  
REF: L23000466733

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000161006  
Letter Number: 624A00012387

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: NILE FRAGRANCES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTEBAN RESTREPO

Name of Person

NILE FRAGRANCES LLC

Firm/Company

9881 SUNRISE LAKES BLVD STE 301

Address

SUNRISE FL 33322

City/State and Zip Code

nilefragrances@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEBAN RESTREPO

954

995-9928

at

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

NILE FRAGRANCES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/2023 and assigned Florida document number L23000466733.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NILE FRAGRANCES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6635 W COMMERCIAL BLVD #103

(Principal office address MUST BE A STREET ADDRESS)

TAMARAC FL 33319

Enter new mailing address, if applicable:

6635 W COMMERCIAL BLVD #103

(Mailing address MAY BE A POST OFFICE BOX)

TAMARAC FL 33319

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ACCOUNTING MAX SERVICES INC

New Registered Office Address:

6635 W COMMERCIAL BLVD #103

Enter Florida street address

TAMARAC

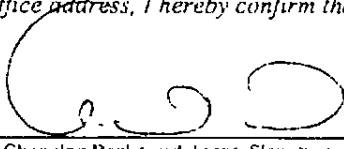
City

Florida 33319

Zip Code

**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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ESTEBAN RESTREPO	6635 W COMMERCIAL BLVD #103	<input type="checkbox"/> Add
		TAMARAC FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NICOLAS GOMEZ	6635 W COMMERCIAL BLVD #103	<input checked="" type="checkbox"/> Add
		TAMARAC FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

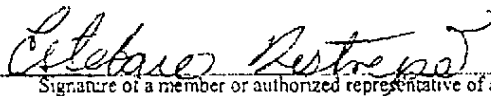
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 29, 20224

Signature of a member or authorized representative of a member

ESTEBAN RESTREPO, MGR

Typed or printed name of signee

Filing Fee: \$25.00