L23000467675

(Re	equestor's Name)	
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor			
	n Realty, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anesha Smith		
		Name of Person	
		Firm/Company	
	1211 Seminola Blvd Unit		
		Address	
	Apopka, Florida 32703		
		City/State and Zip Code	
	licenseclosetad@gmail.com		
For further information of	E-mail address: (concerning this matter, please of	to be used for future annual report no all:	tification)
Clidetra Simpson		407 963-5819	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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 Addres	···	Street Address:	aatia m
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303



January 29, 2025

ANESHA SMITH 1211 SEMINOLA BLVD UNIT 101 APOPKA, FL 32703

SUBJECT: NEXAHAVEN REALTY, LLC

Ref. Number: L23000467675

We have received your document for NEXAHAVEN REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 125A00001889

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

AFFIDAVIT OF NAME RELEASE AND CHANGE OF OWNERSHIP

STATE OF FLORIDA COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Anesha Smith, who, after being duly sworn, deposes and states:

- 1. I am authorized to act on behalf of the following entities:
 - License 2 Close, LLC, Document Number: L24000444547.
 - o NexaHaven Realty, LLC Document Number: L23000467675.
- 2. The dissolution of License 2 Close, LLC is necessary to release its name for use by NexaHaven Realty, LLC, which will continue business operations under a new name and updated ownership structure.
- The amended LLC, NexaHaven Realty, LLC, will assume all assets, liabilities, and obligations of the dissolved entity, ensuring continuity of operations.
- 4. As part of this process:

My Commission Expires: ___ Commission Number: ____

- The name of NexaHaven Realty, LLC will be changed to License 2 Close, LLC.
- The ownership structure of NexaHaven Realty, LLC will be updated to include Clidetra Simpson and License Closet, LLC.
- 5. This affidavit is submitted to clarify the relationship between the two entities and to confirm compliance with the requirements of the Florida Department of State, Division of Corporations.

Anesha Smith
Anesha Smith
Managing Member

NOTARIZATION

Sworn to (or affirmed) and subscribed before me by means of Physical presence or Online notarization, this December as the Shallow Matter of Notary Public Signature

As As I Aslan

Notary Public State of Florida Astrid Aslan

My Commission HH 517911 Expires 4/18/2028

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

NexaHaven Realty, LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{10}{2}$	and assigned
Florida document number L23000467675	·	
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
License 2 Close, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	202
(Principal office address MUST BE A STREET ADDRESS)		
		HAS I
	 	s: a i
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		08: L9
7744 TO THE TOTAL TO THE TENT OF THE TENT		Dr. S
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new regis
agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	1211 Seminola Blvd Suite 101	
	Enter Flor	ida street address
	Casselberry	, Florida 32707
	City	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 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	Clidetra Simpson	1211 Seminola Blvd	
		Suite 101	□Remove
		Casselberry, Florida 32707	Change
mgv	License Closet, LLC	1211 Seminola Blvd	= Add
		Suite 101	
		Casselberry, Florida 32707	Change
			□Add
			□Remove
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	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 meet the applicable statutory filing requirements, this date will not be li	
cord specifies a delayed effective date, but no s filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ted	-)	
anisha S m Signature of:	a member or authorized representative of a member	
Anesha Smith		
	Typed or printed name of signee	