123000495000

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





900440051989

11/25/24--01024--021 **25.00

JAN 04 S. PRATHER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Olivia Segit
Division of Corporations SUBJECT: None 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: OLVIA Segit Name of Person NONA FLOOFS: LLC Firm/Company GREB RD Address Greek RD Address Greek RD City/State and Zip Code Land Code Land Code Land Code Land Code Daytime Telephone Number Enclosed is a check for the following amount: State Contributed Copy Certified Copy Certified Copy (pathing ree Corrificate of Status Certified Copy (pathing rec) Certified Copy (pathing rec) Certified Copy (catificate of Status Certified Copy (catificate of Status)	
	Andress: (to be used for future annual report notification) er information concerning this matter, please call: Page 1 Page 1 E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Page 1 Pag
	Of (and o FL 32824) City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	Palan Rix at (605) 502-534/3 -Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
⊠ \$2	Certificate of Status Certified Copy Certificate of Status &

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	; UI
Nona FLoors, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 10-31- Florida document number 123000 19.5860	$\frac{2023}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Nona FLOOS & Finishes, LLO The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLO	" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	3
File	orida
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>	<u>Name</u>	Address	Type of Action
MGR	Brian Rix	14265 Kellogg Ave, Och	FL 32827 <u>do</u> ⊠Add
			□Remove
			□ Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			□ Add
			□ Remove
			🗆 Change
			□Add
			□Remove
			🗆 Change
			🗅 Add
			Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar		
Place Covering, Carpet, Tile, Hards Remodeling, cabinets, Counters, Pai and featured wall finishes.	<u>W 00 0,</u>	_
Remodeling cabinets, Counters, Pai	nting	L
and featured wall finishes.	J	
		_
		_
		_
	•	
		_
		_
		
		_
		_
		_
		_
	<u> </u>	_
		_
Effective date, if other than the date of filing: (optional))	A C 115415 4
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 6 will not be li	05.0207 (. isted as th
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thord is filed.	he 90th day at	iter the
nu is fricu.	~	2
Dated 11-20-2024	, -	0024 (11. 2
Dated 11 & XV XV Z		=
Bun King	:.	53
Signature of a member or authorized representative of a member	•	اد،
BRIAN RIX		=:
17// LAN 1 K 1 J	-	