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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 126898888881 Phone : (387)200-2803 Fax Number : (813)436-5206

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.**

Fmail Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NICKEL MIDNIGHT EXPRESS LLC

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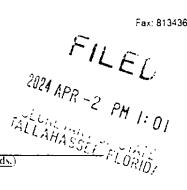
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Nickel Midnight Express 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 Florida document number <u>L23000519102</u>	were filed on 11/16/23	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13575 58th Street North Suite 200			
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33760			
Enter new mailing address, if applicable:	13575 58th Street North Suite 200			
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33760			
,				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new registered		
New Registered Office Address:	r . ci			
Enter Florida street address				
	, Flot	rida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>v</u>			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	U am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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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
AMBR	SCARBROUGH, JERRY	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	☑Remove
			[]Change
AMBR SCARBROUGH, JERRY	SCARBROUGH, JERRY	13575 58th Street North Suite 200	⊡ Add
		Clearwater, FL 33760	□Remove
		[] Change	
			Add
			Add Themover
		Sin Tickinge C	
			- France
			□Remove
			□Change
		□Add	
		URemove	
		□Change	
			[]Add
			□Remove
			Change

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Fax: 8134365206

To. 18506176383

4/2/2024 06:17:38 PDT