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(City/State/Zip/Phone #)

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2024 OCT 29 PM 5:12
FSL
11/19/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATE OF FLORIDA
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Vicky Vaughan

Name of Person

Firm Company

245 Seidons Way

Address

Palmdale Gardens, FL 33418

City, State and Zip Code

vase316@gmail.com

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

For further information concerning this matter, please call:

Vicky Vaughan

861 670-0672

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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 32311

FL DEPT OF STATE

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**

FILED
2024 OCT 29 PM 5:12

NOBODY CARES LLC

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

CLERK OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Jan 16, 2024 and assigned
Florida document number 123456789.

This amendment is submitted to amend the following:

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

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:

(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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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

Please note that we are correcting the name of the MGR from Vicky Case to Vicky Vaughan

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 CSR 0.007, valid

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

Dated: Vicky Vaughan 10/25/2024

Vicky Vaughan
Signature of a member or authorized representative of a member

Vicky Vaughan, MGR

Copied or printed name of signer

Filing Fee: \$25.00