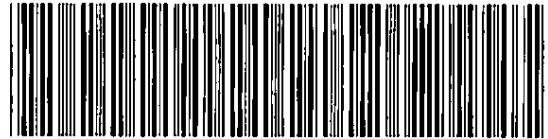


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 1100 SATINLEAF ST, 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:

Michael Merino  
Name of Person

Michael H Merino P.A.  
Firm/Company

6741 Orange Dr  
Address

Davie, FL 33314  
City/State and Zip Code

corps@merinolegal.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Merino 954 321-7701  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

1100 SATINLEAF ST. 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 02/27/2024 and assigned  
Florida document number L24000097286.

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:

Michael H Merino, P.A.

New Registered Office Address:

6741 Orange Dr

*Enter Florida street address*

Davie

*City*

Florida 33314

*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

**Michael H. Merino**

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>                      |
|--------------|-------------|--------------------------------|--|
| AMBR         | Nica Inc    | 1470 NE 123RD STREET, APT 1110 | <input type="checkbox"/> Add               |
|              |             | NORTH MIAMI, FL 33161          | <input checked="" type="checkbox"/> Remove |
|              |             |                                | <input type="checkbox"/> Change            |
| MBR          | Nica Inc    | 1470 NE 123RD STREET, APT 1110 | <input type="checkbox"/> Add               |
|              |             | NORTH MIAMI, FL 33161          | <input checked="" type="checkbox"/> Remove |
|              |             |                                | <input type="checkbox"/> Change            |
| MGR          | Nica LLC    | 1470 NE 123RD STREET, APT 1110 | <input checked="" type="checkbox"/> Add    |
|              |             | NORTH MIAMI, FL 33161          | <input type="checkbox"/> Remove            |
|              |             |                                | <input type="checkbox"/> Change            |
|              |             |                                | <input type="checkbox"/> Add               |
|              |             |                                | <input type="checkbox"/> Remove            |
|              |             |                                | <input type="checkbox"/> Change            |
|              |             |                                | <input type="checkbox"/> Add               |
|              |             |                                | <input type="checkbox"/> Remove            |
|              |             |                                | <input type="checkbox"/> Change            |
|              |             |                                | <input type="checkbox"/> Add               |
|              |             |                                | <input type="checkbox"/> Remove            |
|              |             |                                | <input type="checkbox"/> Change            |

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

Remove Authorized Member and Member Nica Inc and addresses.

Add Manager Nica LLC with address of 1470 NE 123RD STREET, APT 1110 NORTH MIAMI, FL 33161

**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 \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Michael H. Merino**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**