## L24 000186857

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: NIC	CO Suave Ent-	eedrise LUC	
<u></u>	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nico Fle	MING Same of Person	
	NICO Suave E	Enterprise UC Firm/Company	
	1900 NE 145	S+ Address	
	Miami, FL 3	S3/6   City/State and Zip Code	
	steven_ognah	otmail. com to be used for future annual report noti	Garden V
For Combon in Communication of			meation)
For turtner information co	oncerning this matter, please c	an.	
_ NIO Flemi	ng	at (305 ) 494 · 9	
Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	e 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 Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	Γallahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICO Shave Enterprise LLC

company has been notified in writing of this change.

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000186957</u>	were filed on 4/22/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
MICO Suave Enterpeise LC  The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Penthoue #5
(Principal office address MUST BE A STREET ADDRESS)	tenthoue #5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	Miami, FL 33131  1500 NE 145 St apt 102  Miami, FL 33161  ddress on our records enter the name of the new registere.
agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent: Nico F	Teming
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

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
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			□Change
Mge	Nico Freming	MICO Flaming	_\DAdd
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Effective date, if if an effective date is <u>Note:</u> If the date document's effect	listed, the date inserted in this	must be specific a s block does not	and cannot be pri t meet the app	licable statutory	or more than 90 days iling requirements	optional) after filing.) Purs , this date will:	uant to 60 not be lis	5.0207 ( ited as t
e record specifies rd is filed.	a delayed effe	ctive date, but n	ot an effective	e time, at 12:01 a	m. on the earlier o	f: (b) The 90t	h day aft	er the
Dated Le	ורו	_/	. 2024	<u>.                                    </u>				
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