## 124000354043

(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:

Office Use Only



700432335467

Company

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICKIANNâS HYDRATION STATION (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 8/12/24 and assigned Florida document number \_\_\_\_L24000354043 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NickiAnn's Hydration Station LLC 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

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	Membe

Title	Name	Address	Type of Action
			□Reniove
			□Change
			□Rennove
			□Change
			□ Add
			□Remove
			□ Add
			□Remove
			Change
			□Change
			□Remove
		<u> </u>	□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
_	
(It an elli Note:	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated_	10-16-2024
	Michigan Boscotto  Signature of a member or authorized representative of a member
	Nicki Ann Bug 01 0Vit

Filing Fee: \$25.00