

L24000378894

(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



800436194618

09/12/24--01022--029 **25.00

RECEIVED
SEP 12 AM 7:56
CLERK OF STATE
TALLAHASSEE, FL

K. HUNT

09/12/24

Cover Letter

Lajiri F. Cabrera

1314 E LAS OLAS BLVD. #7042

FORT LAUDERDALE, FL 33301

Tel: 954-300-3439

Purpose of amendment: Change Title of Authorized Person Lajiri F. Cabrera from "P" to "AMBR".

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nicely Health 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:

Lajiri F. Cabrera

Name of Person

Nicely Health LLC

Firm/Company

1314 Las Olas Blvd. #7042

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

nicelyhealth@gmail.com

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

For further information concerning this matter, please call:

Lajiri F. Cabrera

954 300-3439

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

Nicely Health 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 August 28, 2024 and assigned
Florida document number L24000378894.

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

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>
P	Lajiri F. Cabrera	1314 E LAS OLAS BLVD. #7042	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lajiri F. Cabrera	1314 E LAS OLAS BLVD. #7042	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


RECEIVED
STATE OF FLORIDA
JUL 12 2011
AM 7:56
TALLAHASSEE, FL

2007 12 AM 7:56
COUNTY OF STATE
TALLAHASSEE, FL

12 AM 7:56
OFFICE OF STATE
TREASURER, FL

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.

Dated September 6, 2024


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00