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SECRETARY OF STATE
SALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEXUS UNDERWATER 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:
EMILIE VOISSEM Name of Person
MEXUS UNDERWATER Firm/Company
3229 E. ATLANTIC BIND
POMPANO BEACH FL 33062 City/State and Zip Code emply & Engraphic and Sip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (805) U10 - 9023 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{tadditional copy is enclosed} \text{Certified Copy} \\ \text{certified Copy} \\ \text{tadditional copy is enclosed} \text{Certified Copy} \\ \text{tadditional copy is enclosed}

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nモメンシ じょわモ RW (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000131638</u>	ny were filed on <u>S/22/19</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3229 E. ATLANTIC BUD
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 330UZ
Enter new mailing address, if applicable:	BEACH, FL 33062
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33062
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:	office address on our records, enter the name of the new ere:
New Registered Office Address: 3229	Enter Florida street address
Pompa	City Florida 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> Name **Address** Type of Action EMILIE VOIDSEM 3029 E. ATLANTIC BUD WAD MGR POMPANO BEACH, FL 330020 Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces			_
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E. Effective date, if other than the date of filing:	ling.) Pursu	ant to 60 of be lis	05.0207 (3) sted as the
If the record specifies a delayed effective_date, but not <u>an</u> effective time, at 12:01 a.i (b) The 90th day after the record is filed.	m. o <u>n t</u> h	e earl	ier of:
Dated MAY 29, 2019.			
Dated MAY 29, 2019 Signature of a member or authorized representative of a member			
EMILIE VOISEM Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00