## 119 000302289

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(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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JH. 11/1/20

## COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	· NU	JAPP, LLC	•	
SUBJECT;	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		GABRIEL ACQUARONE		
		Name of Person	<del></del>	
		Firm/Company		
	50 V	VEST MASHTA DR., SUITE 3C	:	
		Address		
		CEY BISCAYNE, FL 33149		
		City/State and Zip Code		
	-	gacquarone@nuapp.biz		
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please co	ail:		
GABRIEL ACQUARO		305 775-4073 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne 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:	action	
Registration Section Division of Corporations		Registration S Division of Co		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUAPP, L			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appearing to Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number    L19000302289	mpany were filed on _	12/17/2019	and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limite	ed liability company h	<u>iere</u> :	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			F   1) 021 0CT -9
Mailing address MAY BE A POST OFFICE BOX)			्रे च्या 📆
3. If amending the registered agent and/or registered office address here:	office address on our	records, enter the	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
		. Florid	a
	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 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>	Address	Type of Action
AMBR	PRAT PONS, SEBASTIAN	6750 N. ANDREWS AVE., STE. 200	🗀 Add
		FT. LAUDERDALE, FL 33309	Remove
		<del></del>	□Change
AMBR	PRAT PONS, JOSEP	6750 N. ANDREWS AVE., STE. 200	□Add
		FT. LAUDERDALE, FL 33309	≣ Rепюче
			Change
AMBR	ACQUARONE, GABRIEL	50 WEST MASHTA DR.	□ Add
		SUITE 3C	□Remove
		KEY BISCAYNE, FL 33149	■Change
MGR	LEECH, GUY R	50 WEST MASHTA DR.	■Add
		SUITE 3C	□ Remove
		KEY BISCAYNE, FL 33149	□ Change
			□Add
			□ Remove
		<del></del>	
			🗆 Add
			□Remove
			□ Change

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	12/17/2019
fan offe <u>Note:</u>	ve date, if other than the date of filing:  (optional)  extive 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 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore d is fil	d 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 .	OCTOBER 5th 2020
	Signature of a member or authorized representative of a member
	GABRIEL ACQUARANE Typed or printed name of signee

Filing Fee: \$25.00