

L19 000302289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

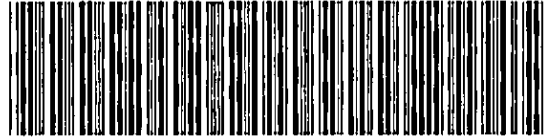
(Business Entity Name)

(Document Number)

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FILED
2020 OCT -9 PM 3:11
SEC. STATE OF
TALLAHASSEE

LH.
11/17/20

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NUAPP, 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 12/17/2019 and assigned Florida document number L19000302289.

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

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REGISTRATION CENTER
TALLAHASSEE, FL

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>
AMBR	PRAT PONS, SEBASTIAN	6750 N. ANDREWS AVE., STE. 200	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRAT PONS, JOSEP	6750 N. ANDREWS AVE., STE. 200	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ACQUARONE, GABRIEL	50 WEST MASHTA DR.	<input type="checkbox"/> Add
		SUITE 3C	<input type="checkbox"/> Remove
		KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Change
MGR	LEECH, GUY R	50 WEST MASHTA DR.	<input checked="" type="checkbox"/> Add
		SUITE 3C	<input type="checkbox"/> Remove
		KEY BISCAVNE, FL 33149	<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

