L220000 14269

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COVER LETTER

TO:

Registration Section Division of Corporations

A2B Nexus SUBJECT:	, LLC		
NOBIDOT:	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:	
	Iulian Angiu		
		Name of Person	-
	A2B Nexus, LLC		
		Firm/Company	
	7901 4th St. N STE 10620		
		Address	
	St. Petersburg, FL 33702		<u>()</u> ,
		City/State and Zip Code	
	dan.angiu@a2bnexus.com		fication)
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Iulian Angiu		647 669-2717	
Name o	f Person		e 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 Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A2B Nexus, LLC

company has been notified in writing of this change.

(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 $\frac{1}{6}$ __ and assigned Florida document number $\underline{\text{L22000014269}}$ 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 "LLC." 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) ္ဆ 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 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

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>	Address	Type of Action
AMBR	Vilma Angiu	7901 4th St. N STE 10620	■Add
		St. Petersburg, FL 33702	□Remove
			Change
			
			Change
			□Add □ Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		- <u>-</u>	□Add □Remove

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ective date, if other than the deflective date is listed, the date must e: If the date inserted in this blocument's effective date on the Department.	ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
ed	2023	
	- Are	
	Dan Ang u (Jul 19, 2023 16 39 ED1)	

Filing Fee: \$25.00