

L11000118766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 JUN 25 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2013

J. BRYAN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NSD CAPITAL LLC**

Name of Limited Liability Company

**FILED**  
**2013 JUN 25 AM 11:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**NIKOLAY DUTOV**

Name of Person

**NSD CAPITAL LLC**

Firm/Company

**3701 N COUNTRY CLUB DR 1208**

Address

**AVENTURA FL 33180**

City/State and Zip Code

**MYPURPOSE@LIVE.COM**

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

For further information concerning this matter, please call:

**NIKOLAY DUTOV**

Name of Person

**754 2446499**

at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**NSD CAPITAL LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2013 JUN 25 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/2011 and assigned  
Florida document number L11000118766.

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 end with 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)**

same

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address MAY BE A POST OFFICE BOX)**

same

**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: \_\_\_\_\_

same

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 608, 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**

**MGR = Manager**  
**MGRM = Managing Member**

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Remove  
JUN 25  
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SECRETARY OF STATE  
FLORIDA

V  
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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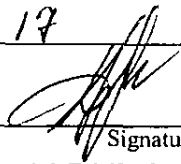
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Dated June 17, 2013



Signature of a member or authorized representative of a member

NIKOLAY DUTOV

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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