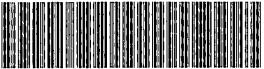
## 

(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
Office Use Only 5.C- 08/24/21	



08/11/21--01028--005 \*\*25.00

## **COVER LETTER**

	Registration Se Division of Cor				
cub irz	Nexus Alph	na Low Power Systems LLC			
SUBJEC	·I:	Name of Lim	rited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		Natalie Sullivan			
			Name of Person		
		ExportAction LLC			
			Firm/Company	<del></del>	
		4600 140th Avenue N. Sui	ite 180		
		<del></del>	Address		
		Clearwater/Florida, 33762			
			City/State and Zip Code		
		natalies@exportactionusa.c		<del> </del>	
e e 1			to be used for future annual report notif	ication)	
		oncerning this matter, please c			
Natalie S			727 538-4147 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	Lis a check for th	ne following amount:		٠.	CD
	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	7
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee. FL	porations Callahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexus Alpha Low Power Systems, LLC		_	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were f	iled on 02/10/2014	and as	signed
lorida document number L14000023381			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "I	lC."
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)			
	··	<u> </u>	<del></del>
			<b>C</b> 2
3. If amending the registered agent and/or registered office addres	s on our records, <u>enter the na</u>	<u>me of the∶ne</u>	w register
gent and/or the new registered office address here:		,	•
		·	
Name of New Registered Agent:			
New Registered Office Address:			٠,٠
	Enter Florida street address	: 24	-
	, Florida	<u>.                                    </u>	
		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	Sam Hollis CEO	4600 140th Avenue N	
		Suite 180	□Remove
		Clearwater, FL 33762	<b>=</b> Change
AMBR	Patrick McDougall	4600 140th Avenue N	
		Suite 180	
		Clearwater, FL 33762	<b>≡</b> Change
			□Add
			□Remove
			<b>\</b> (1)
<del></del>			
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	<del>_</del> _	
	<u> </u>	
		<u> </u>
		<u> </u>
		<del></del>
ffective date if other than the date of filing:	(opti	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of other. If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	filing or more than 90 days afte utory filing requirements, th	r filing.) Pursuant to 605.020 is date will not be listed a
record specifies a delayed effective date, but not an effective time, at I is filed.	2:01 a.m. on the earlier of: (l	b) The 90th day after the
ated August 5 2021 Signature of a member or authorized rep	resentative of a member	
(		
Natalic Sullivan		

Filing Fee: \$25.00