

114 0000 40186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

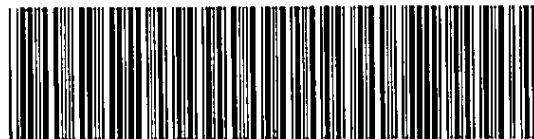
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2022 SEP 26 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NITSUMO SERVICES  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

NIA YOUNG  
Name of Person

NITSUMO SERVICES, LLC  
Firm/Company

11852 SW VILLAGE PKWY #227  
Address

PORT SAINT LUCIE, FL 34989  
City/State and Zip Code

INFO @ NITSUMO SERVICES . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIAYOUNG at ( 904 ) 576-0783  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 SEP 26 PM 1:32

September 7, 2022

NIA YOUNG  
11582 SW VILLAGE PKWY #227  
PORT SAINT LUCIE, FL 34987

SUBJECT: NITSUMO SERVICES, LLC  
Ref. Number: L14000040186

We have received your document for NITSUMO SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the last (2) pages of the Amendment. The Last Page is the REQUIRED SIGNATURE PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 922A00017431

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

NITSUMO Services LLC

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

**FILED**

**2022 SEP 26 AM 8:14**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 3/29/22

and assigned

Florida document number L14000040186

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)**

11582 SW VILLAGE PKWY #227

PORT SAINT LUCIE, FL 34987

**Enter new mailing address, if applicable:**

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

11582 SW VILLAGE PKWY #227

PORT SAINT LUCIE, FL 34987

**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:**

N&A YOUNG

**New Registered Office Address:**

11582 SW VILLAGE PKWY #227

Enter Florida street address

PORT SAINT LUCIE

City

Florida

34987

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**

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

[illegible]

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 26 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

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(If an effective 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 (3)(b)

If the record 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 record is filed.

9/23/2022

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee