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| PICK-UP                 | ☐ WAIT            | MAIL      |
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| Certified Copies        | _ Certificates    | of Status |
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| Special Instructions to | Filing Officer:   |           |
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SECRETARY OF STATE
SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

| TO:          | Registration Se<br>Division of Cor |  |   |  |
|--------------|------------------------------------|--|---|--|
|              |                                    | nologi USA LLC                               |   |  |
| SUBJE        | СТ:                                | Name of Lim                                  | ited Liability Company  |  |
| The enc      | losed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please r     | eturn all correspo                 | ndence concerning this matter                | to the following:   |  |
|              |                                    | Linda Votrubova                              |   |  |
|              |                                    |  | Name of Person  | <del></del>  |
|              |                                    | easy living USA                              |   |  |
| Firm/Company |                                    |  |   |  |
|              |                                    | 3657 Cortez Rd.W., ste 10                    | 0   |  |
|              |                                    |  | Address   |  |
|              |                                    | Bradenton, Fl 34210                          |   |  |
|              |                                    | linda.votrubova@icloud.co                    | City/State and Zip Code<br>m  |  |
|              |                                    | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For furti    | her information co                 | oncerning this matter, please ca             | all:  |  |
| Linda V      | otrubova                           |  | 941 840 3188<br>at ()   |  |
|              | Name of                            | f Person                                     | Area Code Daytime   | Telephone Number   |
| Enclose      | d is a check for th                | e 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

| Nano Technologi USA LLC   |  |                           |
|---|--|---------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi  | mpany as it now appears on our records.) ited Liability Company) |                           |
| ne Articles of Organization for this Limited Liability Comporida document number                              |  | and assigned              |
| nis amendment is submitted to amend the following:  |  |                           |
| . If amending name, enter the new name of the limited   | liability company here:  |                           |
| ne new name must be distinguishable and contain the words "Limited I  | .iability Company," the designation "LLC" or                     | the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  |  |                           |
| Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |                           |
|   |  | TAE 5                     |
|   |  |                           |
| nter new mailing address, if applicable:  |  | 1 No. 1                   |
| Mailing address MAY BE A POST OFFICE BOX)   |  | Tio P :                   |
|   |  | F-5 12 15                 |
|   |  |                           |
| . If amending the registered agent and/or registered egistered agent and/or the new registered office address |  |                           |
| Name of New Registered Agent:   |  |                           |
| New Registered Office Address:  |  |                           |
|   | Enter Florida street address                                     |                           |
|   | , Florid   | a                         |
|   | City   | Zip Code                  |

### New Registered Agent's Signature, if changing Registered Agent:

None Technologi USA LLC

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

| AMBR = | Authorized | Member |
|--------|------------|--------|
|        |            |        |

| <u>Title</u> | <u>Name</u>      | Address                   | Type of Action   |
|--------------|------------------|---------------------------|------------------|
| MGR          | MICHAELA DAMMOVA | 3657 CORTEZ RD.W, STE 100 | _ <b>■</b> Add   |
|              |                  | BRADENTON,FL 34210        |                  |
|              |                  |                           | □ Remove         |
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|                     | ive date, if other than the date of filing: (opti  | ional)            |            |             |
| ecti                | cative data is listed, the data must be excelled and somether rise to data of filing on more than 00 days and  | r filing \ D      | irsuant to | 605.020     |
| n eff               | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date incerted in this block does not meet the applicable statutory filing requirements, the  |                   |            |             |
| n eff<br>te:        | If the date inserted in this block does not meet the applicable statutory filing requirements, thie ent's effective date on the Department of State's records.   |                   |            |             |
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| rec                 | If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.  Ford specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.   Abadector  4/28/2014  | a.m. on SECRETABY | the e      | arlier      |

Page 3 of 3

Filing Fee: \$25.00