117000010902

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. SCOTT DEC 1 9 2019

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
Nuklass, L	I,C			
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kalex Espinosa			
		Name of Person	· · ·	
			·	
		Firm/Company		29.5
	5021 Marbella Isle Dr.			19 17 1 T
		Address		
	Orlando, FL 32837) >
		(i)	- ···	5
	kalex@kalexespinosa.com	City/State and Zip Code		- co
	•	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca	all:		
Kalex Espinosa	some of	407 493-6032		
			_	
Name	of Person	Area Code Daytin	e 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 Certificate of Certified Cop (additional copy	Status & oy
Regist Divisi P.O. E	ration Section on of Corporations Box 6327 passee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nuklass, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our recordinated Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number 1,17000010902	mpany were filed on 01/13/2017	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Ralisto, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u> .
Principal office address MUST BE A STREET ADDRI	(SS)	3
		3
		(3)
Enter new mailing address, if applicable:		
		> 1
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registo	and office address on our massed	do anton the norms of the
o. It amending the registered agent and/or registered agent and/or the new registered office addre		is, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ASS .
	F	lorida
	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 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	

<u>Title</u>	Name	<u>Address</u>	Type of Action
			O Add
			Remove
			Change
			Remove
			Change
			Add,
			Add — Remove
			Change
		 	Add
			Петюче
			☐ Change
			Remove
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			🗆 Remove
			☐ Change

	
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ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date of til	(optional) ling or more than 90 days after filing.) Pursuant to 605,020
te: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
ed Dec 5 th 2018	

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Typed or printed name of signee

Filing Fee: \$25.00