

117000108081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

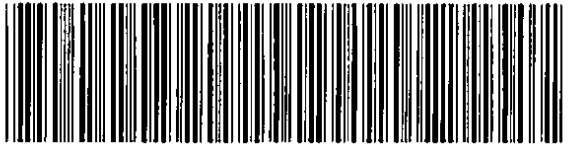
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500415884895

09/18/23--01029--013 **55.00

FILED

2023 SEP 18 PM 12:23

FILED

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUORIGIN CARE LLC
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:

NGU NGUYEN PINIELLA
Name of Person

NUORIGIN CARE LLC
Firm/Company

5751 TWIN LAKE DRIVE
Address

SOUTH MIAMI, FL 33143
City/State and Zip Code

NUORIGINCAREWELLNESS@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NGU PINIELLA at (305) 588-4963
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 &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

NUORIGIN CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 16, 2017 and assigned Florida document number L17000108081.

This amendment is submitted to amend the following:

☒ **A. If amending name, enter the new name of the limited liability company here:**

No changes
Business Registered
name Remain the same

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Yes

(Mailing address MAY BE A POST OFFICE BOX)

5751 TWIN LAKE DRIVE
SOUTH MIAMI, FL 33143

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:

(FIRST) (MIDDLE) (LAST)
NGU NGUYEN PINIELLA

New Registered Office Address:

Enter Florida street address

City

Florida

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

Title	Name	Address	Type of Action
OWNER/ CEO	NBU PINELLA	5751 TWIN LAKE DRIVE SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Same Owner, New Name changed due to legally marriage name changed)

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

Due to Marriage: Owner/CEO of NuOrigin Care LLC has changed last name to "Piniella". Also mailing address also have been changed for all business purpose mailing as needed.

- Attached copy of marriage license
- Driver license as proof of name change + mailing address.
- Copy of Social Security match old + New name changed to "Piniella" as CEO of the company last name changed.
- Wells Fargo money order check \$55⁰⁰ payable to Florida Department of State
- Requesting CEO/owner of NuOrigin Care LLC documents to new last name changed with SunBiz Amendment for all legal name on documents, Filing, + certified copy.

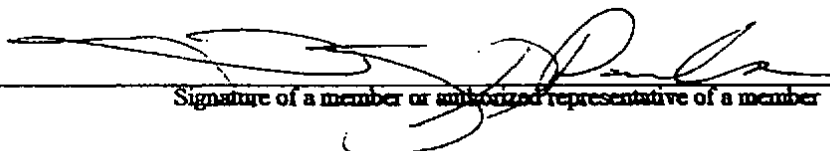
Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated: September 9th, 2023



Signature of a member or authorized representative of a member

NGU PINIELLA

Typed or printed name of signer

SEP 18 PM 12:23
LAHASS