

L18000215168

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF COURT  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NANOU OCEAN, 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:

SEVERINE GIANESE-PITTMAN, ESQ.

\_\_\_\_\_  
Name of Person

GIANESE-PITTMAN, P.A.

\_\_\_\_\_  
Firm/Company

100 BISCAYNE BLVD., SUITE 3070

\_\_\_\_\_  
Address

MIAMI, FL 33132

\_\_\_\_\_  
City/State and Zip Code

SGIANESE@SGPITTMAN.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEVERINE GIANESE-PITTMAN, ESQ.

305 722-5986

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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

NANO OCEAN, 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 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> | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-------------|---------------------------|--|
| MGRM         | HERVE UZAN  | 350 SE 2ND STREET         | <input type="checkbox"/> Add               |
|              |             | #1970                     | <input checked="" type="checkbox"/> Remove |
|              |             | FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Change            |
| MGRM         | GAELE UZAN  | 350 SE 2ND STREET         | <input type="checkbox"/> Add               |
|              |             | #1970                     | <input checked="" type="checkbox"/> Remove |
|              |             | FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Change            |
| MGR          | HERVE UZAN  | 350 SE 2ND STREET         | <input checked="" type="checkbox"/> Add    |
|              |             | #1970                     | <input type="checkbox"/> Remove            |
|              |             | FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Change            |
| MGR          | GAELE UZAN  | 350 SE 2ND STREET         | <input checked="" type="checkbox"/> Add    |
|              |             | #1970                     | <input type="checkbox"/> Remove            |
|              |             | FORT LAUDERDALE, FL 33301 | <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            |

2021 MAY 28 PM 2:10  
TALLAHASSEE, FL 32309

2021 MAY 24 PM 1:10  
FILED  
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CLERK OF COURT

2021 MAY 24 PM 1:10  
STATE BAR OF CALIFORNIA

(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.

Dated 05/18 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SEVERINE GIANESE-PITTMAN, ESQ.

Typed or printed name of signee

**Filing Fee: \$25.00**