L19 000115834

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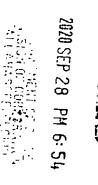
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NOV 04 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nexus 6 LLC	
Name of Limi	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Kenneth Si	VSCANCE Name of Person
Nexus 6 LI	Firm/Company
3018 Key Ho	
	Address
Safety Harbo	FL 34695 City/State and Zip Code
	obe used for future annual report notification)
For further information concerning this matter, please ca	11:
Kenneth Susalla Name of Person	at (737) 641-7022 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexus 6 LLC		
	iability Company as it now appears on our records.) lorida Limited Liability Company)	THE SERVICE STATES
The Articles of Organization for this Limited Liabili	ity Company were filed on 4-29-2019	Sand assigned
Florida document number <u>L19000115834</u>	·	3 6
This amendment is submitted to amend the following	us: Manager change	· ·
A. If amending name, enter the new name of the	Ç. Ç,	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	~	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the</u> re:	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cuy	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>	<u>Name</u>	Address	Type of Action
MGR	Barbara Susalla	3018 Key Harbor Drive	□Add
		Safety Harbor, FL 34695	K Remove
			□Change
MGR Kenneth Susalla	3018 Key Harbor Drive	% Add	
		Safety Harbor, FL 34695	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
-	
-	
<u>ivote:</u>	ive date, if other than the date of filing:
ord is fi	
Dated	September 25 . 2080
	September 25 . 2080 Ballou Awardo Signature of a member or authorized representative of a member
	Barbara Susalla Kenneth Susalla

Filing Fee: \$25.00