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Certified Copies	Certificates	s of Status
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#### **COVER LETTER**

10:	Division of			,•	<b>n</b> ,			
CUD III	Next	ıs Ende	owing LLC		•			
SUBJE			Name of Lin	nited Liability Company	<del></del>			
The encl	osed Artic	:les of z	Amendment and fee(s) are sub	omitted for filing.				
Please re	etum all co	orrespoi	ndence concerning this matter	to the following:				
			Rolando H. Dorta					
				Name of Person	<u> </u>		-	
			Nexus Endowing LLC					
				Firm/Company		<del></del>		
			8810 N.W. 77th Ct. Suite	161			2020 SEP	، ، است
			-	Address	<del></del>		到节	
			Tamarac, Fl. 33321				25.55 75.55 -8	17
			rhdorta@gmail.com	City/State and Zip Code		***	PH 3: 13 OF STATE EF, FEORIDA	
			E-mail address: (	to be used for future annual r	eport notification	)	器指	
For furth	er informa	ation co	oncerning this matter, please e	all:			<i>"</i>	
Rolando	H. Dorta			336 268	-5252			
		Name of	Person	Area Code	Daytime Telepl	hone Number		
Enclosed	i is a checl	k for th	e following amount:					
□ \$25.	00 Filing I	Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is each		Certified	te of Status &	
	Mailing A Registra			<u>Street Ad</u> Registra	dress: tion Section			
	Division	of Co	orporations	Division	of Corporati			
	P.O. Box	x 6321	1	The Cen	tre of Tallaha	issee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexus Endowing 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 June 07, 2019 and assigned Florida document number 1.19000!51607 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nexus Property Hunters LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida City

#### 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
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record specifies a delayed The 90th day after the rec	d effective date, but not an ord is filed.	n effective time, at 12	2:01 a.m. on the earlier
September 02	2020		
<del></del>	Signature of a member or authorize	d representative of a market	

Page 3 of 3

Filing Fee: \$25.00