

L200000 48881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

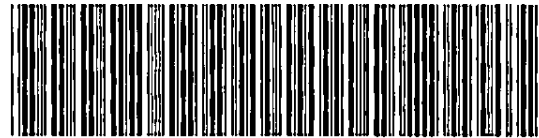
(Business Entity Name)

(Document Number)

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MAR 09 2020

FILED
CLERK OF STATE
MAR 10 2020
2020-9 PM 2:22

Amend

MAR 24 2020

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NURECO 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:

KIMTHANH D LE

Name of Person

NURECO LLC

Firm/Company

8601 SIX FORKS ROAD, STE 400

Address

RALEIGH, NC 27615

City/State and Zip Code

KTDOLE@LEANGELIX.COM

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

For further information concerning this matter, please call:

KIMTHANH D LE

Name of Person

919 651-1618 X225
at () _____
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

RECEIVED
DIVISION OF CORPORATIONS
JAN 11 2011
2:22 PM

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

NURECO 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 02/11/2020 and assigned
Florida document number L20000048881.

This amendment is submitted to amend the following:

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

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)

NURECO LLC

8601 SIX FORKS ROAD STE 400

RALEIGH, NC 27615

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------------|-----------------------------|--|
| AR | MICHAEL LAI LE, TRUSTEE | 8601 SIX FORKS ROAD STE 400 | <input checked="" type="checkbox"/> Add |
| | OF THE MLL TRUST UTD 8/31/16 | RALEIGH, NC 27615 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | KIMTHANH DO LE, TRUSTEE | 8601 SIX FORKS ROAD STE 400 | <input checked="" type="checkbox"/> Add |
| | OF THE KTDOLE TRUST UTD 8/31/16 | RALEIGH, NC 27615 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | MICHAEL L LE | | <input type="checkbox"/> Add |
| | | 8601 SIX FORKS ROAD STE 400 | <input checked="" type="checkbox"/> Remove |
| | | RALEIGH, NC 27615 | <input type="checkbox"/> Change |
| AR | KIMTHANH D LE | | <input type="checkbox"/> Add |
| | | 8601 SIX FORKS ROAD STE 400 | <input checked="" type="checkbox"/> Remove |
| | | RALEIGH, NC 27615 | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. 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.

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 MARCH 5TH 2020

Kenneth G. Le

Signature of a member or authorized representative of a member

KIMTHANH D LE

Typed or printed name of signee

Filing Fee: \$25.00