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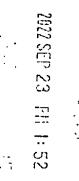
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
Nue Swim	by kt LLC.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing		
	ondence concerning this matter	-		
	Karolina Tellerias			
		Name of Person		-
	Nue Swim by kt LLC.			
		Firm/Company	. .	_
	1080 Starling Ave.			
		Address		-
	Miami Springs, FL 33166			~ 1
	karolinatellerias24@gmail.c	City/State and Zip Code		2022 SEP 23
	E-mail address: (to be used for future annual	report notification)	. S
For further information e	oncerning this matter, please c	all:		TO TH
Karolina Tellerias		954 52 ⁴ at ()	9-9044	 ග
Name o	f Person	Area Code	Daytime Telephone Number	52
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica closed) Certified	te of Status &
Mailing Addres		Street Ac		
Registration S Division of C		-	ation Section n of Corporations	
P.O. Box 632			ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 8, 2022

KAROLINA TELLERIAS NUE SWIM BY KT 1080 STARLING AVE MIAMI SPRINGS, FL 33166

SUBJECT: NUE SWIM BY KT Ref. Number: L20000235276

We have received your document for NUE SWIM BY KT and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 022A00019972

- 1 2 3 2022

Division of Corneration

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nue Swim by kt LLC.

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

	بالمعاد المستسب
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	%
bility company here:	
oility Company," the designation "LLC" or the ab	obreviation "L.L.C."
107 Westward Dr. Miami. FL 33266	
<u> </u>	
P.O. Box 661385	
address on our records, enter the nam	e of the new registere
Enter Florida street address	
, Florida	Zip Code
•	zīp Code
- ree to act in this capacity. I further ag	familiar with and if this document is
	107 Westward Dr. Miami, FL 33266 P.O. Box 661385 Enter Florida street address

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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Signature of a member of a member	ed September, 13		2022-			
Signature of a rhember of a uthorized representative of a member						
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Filing Fee: \$25.00