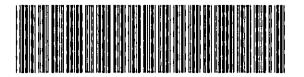
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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21 MGT -5 PN 1: 37

T. MATTHEWS NOV 15 2021

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			·
	TEAHC LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Malvicino		
		Name of Person	
		Firm/Company	
	10479 NW 82nd St Unit 15	5	
		Address	
	Doral, FL 33178		
	thomas.malvicino@gmail.co	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Thomas Malvicino		305 310-2116	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	<u> </u>	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

NANO TEAHC LLC

21 MEY -5 PH 1: 37

(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 01/01/2021 \_\_\_\_\_ and assigned Florida document number \_\_L21000009677 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) 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: Thomas Malvicino Name of New Registered Agent: 10479 NW 82nd St Unit 15 New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida 33178 Zip Code Doral

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.

City

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

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<u>Title</u>	<u>Name</u>	Address 21 EST -5 FM 1: 3	7 Type of Action
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			Remove
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record d is filed	specifies a delayed d.	effective date, bu	it not an eff	ective time.	, at 12:01 a.	m, on the e	urlier of: (b)	The 90th	day after the
Dated	October 27th		. 202	1					
			Man.						
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		Signature	of a member	r or authorize	ed representa	tive of a mer	nber		