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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONE MAY 0 3 2022

COVER LETTER

TO:

	Registration Se Division of Cor			
	BUSYBDO	CLLC		• • •
SUBJEC'	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	_	
		NICHOLAS KHAYTIN		
			Name of Person	
		BUSYBDC LLC		
			Firm/Company	· <u>·</u> ···
		10648 VERSAILLES BLV	AYTIN Name of Person	
			Address	
		WELLINGTON FL 33449		
			City/State and Zip Code	
		NICK.KHAYTIN@GMAII		
For furthe	r information c	E-mail address: (oncerning this matter, please c	·	otification)
	AS KHAYTIN			
	Name o	f Person		ime Telephone Number
Enclosed :	is a check for th	ne following amount:		
■ \$25. 0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			·autian
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632	•	The Centre of	Tallahassee
Ţ	Γallahassee, <mark>I</mark>	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 11 AM 6: 21

BUSYBDC LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our revords AHASSEE, FL (A Florida Limited Liability Company)

)4/05/2021 and	lassigned
Florida document number 1.21000155074		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
NAK ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation	n "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, <u>enter the name of the</u>	many manistrana
agent and/or the new registered office address here: Name of New Registered Agent:		new registered
Name of New Registered Agent:		new registered
Name of New Registered Agent: New Registered Office Address:	orida street address	new registered
Name of New Registered Agent: New Registered Office Address:		new registered
Name of New Registered Agent: New Registered Office Address:	orida street address , Florida Zip C	
Name of New Registered Agent: New Registered Office Address: Enter Flo	. Florida	

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>	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			🗆 Remove
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Effective date, if other than the fan effective date is listed, the date ment and the listed in this ledge date on the ledge date on the ledge date.	olock does not	meet the appli	cable statutory f	or more than 90 days	optional) after filing.) Pursuan a, this date will not	at to 605,0207 be listed as t
e record specifies a delayed effecti ed is filed.	ve date, but no	ot an effective (time, at 12:01 a.	m. on the earlier o	of: (b) The 90th d	ay after the
ADDII ATU		2022				
	M. UNU	: 2022 HV				
ADDII ATU	MMW Signature of a	itin	orized representa	tive of a member		_

Filing Fee: \$25.00