L21000156017

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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NASHU	BYTE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jessica Luciana Duran		
		Name of Person	
		Firm/Company	
	2011 N 53RD AVENUE		
		Address	
	HOLLYWOOD, FL 33021		
		City/State and Zip Code	
	jessica@nashubyte.com		
	E-mail address: (to be used for future annual report not	itication)
For further information	n concerning this matter, please ca	all:	
Carlos Matias Tripode		206 353 5282 at ()	
Name	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NASHU BYTE LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) Ia Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L21000156017	<u>_</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2,100
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the al	breviation J. L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	P:1/2: 1/2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos Matias Tripode	2011 N 53RD AVENUE HOLLYWOOD, FL 33021	
			= Remove
			□ Change
MGR	Jessica Luciana Duran	2011 N 53RD AVENUE HOLLYWOOD, FL 33021	
			□Remove
			Change
		<u> </u>	□Add
			□Remove
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	e date, if other the	date must be specifie:	and cannot be prior t	o date of filing or more	(optional than 90 days after fili	ng.) Pursuant to 605 0205
an effect	, the date miscrica in	n the Department c	of State's records,	ible statutory ming r	equirements, this da	ite will not be listed as
'an effect <u>lote:</u> It	nt's effective date or	·				
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