

9/20/22, 11:51 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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# L21000158959

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
 Account Number : I20010000062  
 Phone : (323)962-8600  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 NUERA CONSULTING LLC**

Certificate of Status	0
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2022 SEP 20 PM 4:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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 AND  
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SEP 21 2022  
 3:00 PM



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUERA CONSULTING 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 04/06/2021 and assigned Florida document number L21000158959.

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: 14134 Oakham ST  
Tampa, FL 33626  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 14134 Oakham ST  
Tampa, FL 33626  
*(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:

Name of New Registered Agent: \_\_\_\_\_  
New Registered Office Address: 14134 Oakham ST  
*Enter Florida street address*  
Tampa Florida 33626  
*City Zip Code*

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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>
AMBR	JESSICA VANBIBBER		<input type="checkbox"/> Add
		15495 MIAMI LAKEWAY N, APT. 201 MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOD KIJAUSKAS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14134 Oakham ST Tampa, FL 33626	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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