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04/12/22--01012--027 ++25.00

T. MATTHEWS APR 29 2022

## **COVER LETTER**

Division of Cos	rporations		·
NANO VI: SUBJECT:	SION USA LLC		. •
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ruslan Imadiyev		
		Name of Person	<del></del>
	NANO VISION USA LLO		
		Firm/Company	·
	9840 Altis Cir W, Unit 620	н	
		Address	
	Hialeah, Florida 33018		
		City/State and Zap Code	
	ruslan.imadiyev@gmail.cor E-mail address: (	n to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		
Ruslan Imadiyev		305 8150623	
Name o	of Person	at () 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NANO VISION USA LLC	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company were filed on $\frac{04^{7}12/2021}{\text{Florida document number}}$	and assigned
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 "LL	C" 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, enterest and/or the new registered office address here:	r the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	255
E	lomido

## 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

Zip Code

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
MGR	Alina Yuvasheva	9840 Altis Cir W, Unit 6204	<b>≡</b> Add
		Hialeah, FL 33018	□Remove
			□Change
<del></del>			Add
			□Remove
			□Change
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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this blo	be specific and can	not be prior to date	of filing or more th	an 90 days after fili	ng.) Pursuant to 605 02 ate will not be listed
ment's effective date on the De			mmory mmg real	anements, mis an	no am not de noted
ord specifies a delayed effective filed.	date, but not an e	effective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after th
ed 8th of April					
	(	2 _	$\neg$ $\backslash$	,	
	Signature of a mem	ber or authorized r	epresentative f a	nember	<del></del>
			•		