

L21 000 231329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

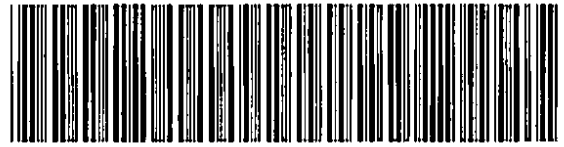
(Business Entity Name)

(Document Number)

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05/21/21--01001--001 \*\*43.75

07/15/21--01007--003 \*\*11.25

2021 JUL 15 11:33:23

FILED

US  
7/15/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2021

ROBERT MINARIK  
4025 N. FEDERAL HWY  
#C124  
FT. LAUDERDALE, FL 33308

SUBJECT: NEKTONUSALLC  
Ref. Number: L21000231329

We have received your document for NEKTONUSALLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 921A00014503

RECEIVED

JUL 12 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

NEKTON USA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT MINARIK  
Name of Person

NEKTON USA LLC  
Firm/Company

4025 N FEDERAL HWY C124  
Address

FT. LAUDERDALE, FL 33301  
City/State and Zip Code

NEKTONUSA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2021 JUN 15 PM 3:23

For further information concerning this matter, please call:

ROBERT MINARIK at ( 404 ) 971-6118  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

✓ \$11.25 BALANCE DUE

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**

NEKTON USA 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 5-13 2021 and assigned Florida document number L21000 231 329

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NEKTON USA LLC

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

City

Zip 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent



- D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING NAME OF LLC  
DUE TO SPACING. Currently  
READS NEKTON/SA LLC (ONE WORD)

WOULD LIKE IT CHANGED TO:

NEKTON USA LLC  
WITH SPACES IN BETWEEN NEKTON & USA  
AND USA & LLC

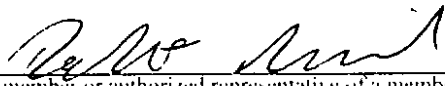
E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

ROBERT MINARIK  
Typed or printed name of signee