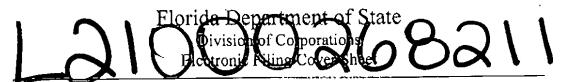
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000244444 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800)906-9220 Phone : (800)906-9880 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

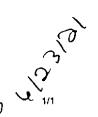
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NUR SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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Corporate Filing Menu

Help



## **COVER LETTER**

TO: Registration S Division of Co.			
	VICES LLC		
\$UBJKCT:	Name of Limi	ted Liability Company	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven Weiss		
	Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Steven Weiss		
	1. A.1.		
		Firm/Company	
	2215 Hendrickson Street,	Suite I	2 1 SEE 2
	<u> </u>	Address	
	Brooklyn, NY 11234		
		City/State and Zip Code	>
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
SAL ABECASIS		nt (	
Name	of Person	Arca Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	ee

(((H21000244444 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUR SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited i	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000268211	were filed on	l and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" 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:		
(Malling address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	i address
		, Florida Zip Code
	City	Esp cone
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office.	e performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

company has been notified in writing of this change.

(((H21000244444 3)))
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
AMBR	AUGUL KULUMBETOVA	3927 TOWNSHIP BLVD SUITE 1514	□Add
		ORLANDO, FL 32837	≣Remove
			□Change
AMBR	AIGUL KULUMBETOVA	3927 TOWNSHIP BLVD SUITE 1514	<b>=</b> Add
		ORLANDO, FL 32837	□ Remove
			ElChange
			□Add
			□Remove
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E. Effective date, if other than the (If an effective date is listed, the date municipal of the date in this bedocument's effective date on the I	ist be specific and block does not m	cambot be prior	able statutory		(optional days after filintents, this da	ng.) Pursuant to 60	5.0207 (3)(b ted as the
f the record specifies a delayed effecti record is filed.	ve date, but not	an effective ti	ime, at 12:01 a	i.m. on the ear	ier of: (b)	The 90th day aft	er the
Dated JUNE 21	,	2021	<u></u> .				
	Signature of a r		5				
	Signature of a r	nember or auth	orized represent	iative of a meme	CI		
STEVEN WEISS		Typed or print					

Filing Fee: \$25.00