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SECRETARY OF STATE
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8/2/21

COVER LETTER

TO:

	tration Section of Corp						
SUBJECT:	lewsUs LL	С			-		
Source: _		Name of Li	mited Liability Company				
The enclosed A	Articles of A	Amendment and fee(s) are su	bmitted for filing.				
		idence concerning this matte					
		Diego Leguizamon					
			Name of Person		-		
	·	NewsUs LLC			s.	20	
			Firm/Company		- <u></u>	21	•
		5128 NW 86th Way			ETAP	2021 JUL 15 PM 3: 1	
			Address		3884 30 A	-m	G
		Coral Springs, FL 33067			SEE, I	<u>ಸ</u> ಭ	(
			City/State and Zip Code		- ¿1₽1	9	
			amilialeguizamon@gmail.com				
		E-mail address: (to be used for future annual repo	ort notification)			
For further infor	mation cor	ncerning this matter, please c	all:				
Diego A. Legui:	zamon		954 260-79 at ()	910			
	Name of F	Person		Daytime Telephone Number	r		
Enclosed is a ch	eck for the	following amount:					
■ \$25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Stat	us &	
	Address:		Street Addre				
_	ration Se	ction porations	Registratio Division o	n Section f Corporations			
	or 6327	Poraciona		of Tallahassee			
Tallah	assee, FL	. 32314	2415 N. M	onroe Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NewsUs LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on July 8, 2021	and assigned
Horida document number L21000312833		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	_
NewUs LLC		2021 SEC
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C"
inter new principal offices address, if applicable:		3 5
Principal office address MUST BE A STREET ADDRESS)		
		m _s
		74E 16
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office	address on our records, enter	the name of the new registere
gent and/or the new registered office address here:		
N. C.New Basistand Assets		
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street addres	
	Enter r toriaa street adares.	a
	, Flo	orida Zip Code
	Ciù.	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.

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
			Dadd
			□Remove
			□ Change
			□Remove
			SECRETARY TALLAHAS
			MS To Remove
			FF 3 □Change
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	(antional)
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.02
f an effective date is listed, the date must be specific and cannot be prior a Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ante santatory tring requirements, and and
ocument's effective date on the Doparation of Line	
record specifies a delayed effective date, but not an effective tin	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
July 10 2021	
Dated July 10	
	
Signature of a member of authoris	

Filing Fee: \$25.00