L31000452958

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Special Instructions to Filing Officer:
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SECRETARY OF STATE

June 10,2025 nc

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2025

NATALIA ZHABOTINSKIY 2400 NE 65TH ST, APT 505 FORT LAUDERDALE, FL 33308 US

SUBJECT: EMANUEL QUINTERO, LLC

Ref. Number: L21000454988

We have received your document for EMANUEL QUINTERO, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This name change amendment cannot be filed because your entity has been administratively dissolved.

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) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 925A00011560

June 6, 2025

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

ATTN: MORGAN E LOVETT, REGULATORY SPECIALIST II

SUBJECT: NEZ CONSULTING, LLC REF. NUMBER: L21000452988

Please find enclosed the amended documentation for the corporation name change to be filed. There was a mistake within the initial filing documentation in the reference number. The correct document number is: L21000452988 for NEZ CONSULTING, LLC.

Thank you for your understanding and time. Please let me know of any questions or any additional needs.

Best regards,

Matila Massonis Natalia Zhabotinskiy

(386)793-9966

2400 NE 65TH ST, APT.505

FORT LAUDERDALE, FL 33308

June 10/25

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	SULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATALIA ZHABOTINSK	CIY	
	Name of Person		
	NEW CONSULTING LLC		
		Firm/Company	
	2400 NE 65TH ST., APT 505		202 SE(T
		Address	ALL ALL
	FORT LAUDERDALE FL 33308		2025 JUN 10 PM 2: 08 SECRETARY OF STATE TALLAHASSEE, FL
	<u> </u>	City/State and Zip Code	SSE PA
	NZNY1234@GMAIL.COM		E, F
For further information c	E-mail address: (' oncerning this matter, please ca	to be used for future annual report notification)	PM 2: 08 OF STATE SSEE, FL
NATALIA ZHABOTIN		386 793-9966 at ()	
Name o	f Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Section Division of Corporation	ıç.
Division of Corporations P.O. Box 6327		The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEZ CONSULTING LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	Articles of Organization for this Limited Liability Company were filed on 10/18/2021 and assigned				
Florida document number 121000454988 L21000 L1	52988				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
NEZ CONSULTING AND NOTARY SERVICES LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		SEC 26			
(Principal office address MUST BE A STREET ADDRESS)		- RR J			
		TARY AHAS			
		(2) (1) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
Enter new mailing address, if applicable:		1110			
(Mailing address MAY BE A POST OFFICE BOX)		FL 80 : 08			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florid	8 Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	•				
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is			

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>	Name	Address	Type of Action
			□Add
			□Remove
		Name	
			DAdd SE
			SEOBETARD OF STATE
			ATE Remove
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