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COVER LETTER

TO: Registration Section

DIVI	Sion of Cor	porations			
enn mær	NUCLEOL	O II, LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		ERIC A GHELMAN DES	SSBERG		
	Name of Person				
		NUCLEOLO II, LLC			
			Firm/Company		
		848 GOLDEN CANE DR			
			Address		
		WESTON, FL 33327		EC.	2021
		OFF ARTONOMA A CO	City/State and Zip Code		0.50
		GEDART@HOTMAIL.CO	OM to be used for future annual report notific	cation)	9-
For further in	formation c	oncerning this matter, please c	all:	ing s	T 3
ERIC A GHE	ELMAN DE	SSBERG	786 674-5616	73.50	ь: Э
Name of Person		Person		Felephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	iling 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)	
Reg Divi		section orporations	Street Address: Registration Sect Division of Corp	orations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUCLEOLO II, 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 11/09/2021 and assigned Florida document number <u>L210004</u>84882 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 "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) رن 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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	LEON CZAMANSKI	848 GOLDEN CANE DR	
		WESTON, FL 33327	□ Remove
			□Change
			□Add
			□Remove
			□Change
			Add Add Acc C C C C C C C C C C C C C
			<u>გე</u> ინ ექ <u>20</u> ე□Change ექ
			□Remove
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Filing Fee: \$25.00