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COVER LETTER

TO: Registration Section

Division of Co	rporations				
CHOICT	NAUTILUS USA L	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MARC A MICELI, E.A.				
		Name of Person			
	MARC ANTHONY MIC	ELI P.A.			
Firm/Company					
4613 N UNIVERSITY DR. STE 259					
		Address			
	CORAL SPRINGS, FL 33067				
		City/State and Zip Code			
	MARCAMICELIPA@GM E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please c				
MARC A. MICE	ELI	954 651-0097			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 AM 9: 02

NAUTILUS USA LEC		5 <u>£</u> 07.6	Lary
NAUTILUS USA LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on o	our records.) IALI	AHASSEF
(A Fiorida Emitted El	ability Company)		- 0 - 1 - 1
The Articles of Organization for this Limited Liability Company v	were filed on MAY	11, 2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	ddress on our recor	de antar tha nan	so of the new registers
agent and/or the new registered office address here:	uutess on our record	us, enter the nan	le of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet 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.

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	DELTA CONTRACT USA LLC	14681 BISCAYNE BOULEVARD SUITE 176	□Add
		NORTH MIAMI BEACH, FL 33181	■Remove
			□ Change
AMBR	DELTA INTEGRATOR USA L.L. C	14681 BISCAYNE BOULEVARD SUITE 176	≣ Add
		NORTH MIAMI BEACH, FL 33181	□Remove
			□Change
			□Add
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INTERGRAT	OR L.L.C. NOT DELT	A CONTRACT	USA LLC.			
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ctive date, if	other than the date o	f filing:	AY 9, 2022	ng or more than 90 c	_ (optional)	Pursuant to 605
e: If the date in	iserted in this block doc	s not meet the ap	plicable statuto	ry filing requireme	ents, this date v	vill not be liste
iment's effectiv	re date on the Departme	nt of State's rec	ords.			
ord enecifies a	delayed effective date, l	out not an effecti	ve time at 12:0	lam on the earli	erof(b) The	90th day after
filed.	delayed effective date, i	out not all effects	ve mie, at 12.0	i u.iii. on the turn	. 01. (0)	, , , , , , , , , , , , , , , , , , , ,
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