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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

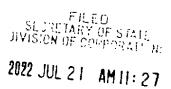
TO:

| NSK Produ                                   | icts I I C                                   | ,   | •  |  |  |  |
|---|--|---|--|--|--|--|
| SUBJECT:  Name of Limited 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:   |  |  |  |  |
|   | Maylin Perez Enriquez                        |   |  |  |  |  |
|   | Name of Person                               |   |  |  |  |  |
|   | NSK Products LLC                             |   |  |  |  |  |
|   |  | Firm/Company  |  |  |  |  |
|   | 150 E 1st Ave Apt 1406                       |   |  |  |  |  |
|   | Address                                      |   |  |  |  |  |
|   | Hialeah, FL 33010                            |   |  |  |  |  |
|   |  | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
|   | contact@nskproducts.com                      |   | <u></u>  |  |  |  |
| For forther information of                  |  | to be used for future annual report not                             | ification)   |  |  |  |
|   | concerning this matter, please c             |   |  |  |  |  |
| Maylin Perez Enriquez                       |  | 908 9929520<br>at ()  |  |  |  |  |
| Name of Person                              |  | Area Code Daytin  | ne Telephone Number  |  |  |  |
| Enclosed is a check for t                   | he following amount:                         |   |  |  |  |  |
| □ \$25.00 Filing Fee                        | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Mailing Addres Registration                 |  | Street Address:<br>Registration Se                                  | ection   |  |  |  |
| Division of Corporations                    |  | Division of Corporations  |  |  |  |  |
| P.O. Box 6327                               |  | The Centre of Tallahassee   |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NSK Products 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 07/08/2022                           | and assigned   |
|--|--|--|
| Florida document number L22000305759   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                |  |
| 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:  |  |  |
| (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 agent and/or the new registered office address here:  | address on our records, <u>e</u>                   | nter the name of the new registered                              |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street o                             | uldress  |
|  |  | , Florida  |
|  | •  | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my dutic<br>provided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is |
| If Chai  | nging Registered Agent, Signa                      | ture 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> | <u>Name</u>           | Address                | Type of Action                    |
|--------------|-----------------------|------------------------|-----------------------------------|
| AMBR         | MAYLIN PEREZ ENRIQUEZ | 150 E 1ST AVE APT 1406 | □Add                              |
|              |                       | HIALEAH FL. 33010      | □Remove                           |
|              |                       |                        |                                   |
| MGR          | CARLOS A LEMUS ORTIZ  | 150 E 1ST AVE APT 1406 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|              |                       | HIALEAH FL. 33010      | ≅Remove                           |
|              |                       |                        | □ Change                          |
|              |                       |                        | □Add                              |
|              |                       |                        | Remove                            |
|              |                       |                        | Change                            |
|              |                       |                        | 🗀 Add                             |
|              |                       | <del></del>            | Remove                            |
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|              |                       |                        | Remove                            |
|              |                       |                        | Change                            |
| <del></del>  |                       |                        |                                   |
|              |                       |                        | □Remove                           |
|              |                       |                        | ClChanga                          |

|                                       |   |                    | , enter change(s) here: (Attach additional sheets, i) |                                     |                   | JIVISIGH L   | SECRETARY OF STATE                                   |  |  |
|---------------------------------------|---|--------------------|---|-------------------------------------|-------------------|--|--|--|--|
| D. If amending a                      | iny other informat  | ion, enter chan    | ge(s) here:   | (Attach ada                         | litional sheets   | <b>2022</b> JIJI<br>. if necessary.) 2                           | RI AMII: 27  |  |  |
|                                       |   |                    |   |                                     |                   |  |  |  |  |
| <b>~</b>                              |   |                    | <u></u>   |                                     |                   |  | <u>-</u> _   |  |  |
| <del></del>                           |   |                    |   |                                     |                   |  |  |  |  |
|                                       |   |                    |   |                                     |                   |  |  |  |  |
|                                       | _   | · · ·              |   |                                     |                   |  | <del></del>  |  |  |
|                                       |   |                    | -   |                                     |                   |  |  |  |  |
|                                       |   |                    |   |                                     |                   |  |  |  |  |
|                                       |   |                    |   |                                     |                   |  |  |  |  |
|                                       | **************************************  |                    |   |                                     |                   | ***  |  |  |  |
|                                       | _,  |                    | <del>.</del>  |                                     |                   |  | _ <del>.</del>                                       |  |  |
|                                       |   |                    |   |                                     |                   |  |  |  |  |
| Note: If the d                        | e, if other than the<br>te is listed, the date must<br>ate inserted in this blo<br>fective date on the De | ock does not meet  | the applical  | o date of filing of the statutory f | or more than 90 o | _ <b>(optional)</b><br>lays after filing.) Puents, this date wil | irsuant to 605.0207 (3)(1<br>Il not be listed as the |  |  |
| If the record specif record is filed. | ies a delayed effective   | e date, but not an | effective tim   | ae, at 12:01 a.                     | m. on the earli   | er of: (b) The 9   | 0th day after the                                    |  |  |
| Dated                                 | th  |                    | 022   |                                     | _                 |  |  |  |  |
|                                       |   | Signature of a men | ber or author   | ized representa                     | tive of a membe   | г  |  |  |  |
| Ma                                    | ylin Perez Enriquez   | Tv                 | ned or printer  | l name of signe                     | <u>.</u>          |  |  |  |  |

Filing Fee: \$25.00