L2200431983

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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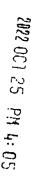




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(10/25/2022

COVER LETTER

TO: • Registration Section Division of Corporations	
SUBJECT: Nusser nve Lt	ments LLC
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jovie V	1 us Cer
	Name of Person
	Firm/Company
2424 10	Address
	Address
Tallaha	cs ee Fl 32303
nucser inve	City/State and Zip Code Strents
E-mail ac For further information concerning this matter, p	ldress: (to be used for ibter andual report notification)
WVIC MICSER	a1(408) 9166276
Name of Person	at (408) 9166276 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of St	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tailahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Nusser Investm		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on a mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2Z000431983</u>	npany were filed on 10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 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
			□Change
			🗀 Add
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