

To:

Page: 1 of 4

2024-03-30 05:02:54 UTC+14

18506176383

From: ZenBusiness User

1124000117237 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000526486

Note: Please print this page and use it as a cover sheet. Type the filing audit number (shown below) on the top and bottom of all pages of the document.

((H24000117237 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : 120230000190

Phone : (844)449-3624

Fax Number : (512)597-0678

2024 MAR 29 PM 3:20

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2024 MAR 29 AM 11:12

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NEXUS APPLICATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

MAR 29 2024

Electronic Filing Menu

Corporate Filing Menu

Help

1124000117237 3

To:

Page: 2 of 4

2024-03-30 05:02:54 UTC+14

18506176383

From: ZenBusiness User

H24000117237.3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nexus Applications 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 12/15/2022 and assigned
Florida document number L22000526486.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Evolv Enterprises LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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

City

Florida

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

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2024 MAR 29 PM 3:20

To:

Page: 3 of 4

2024-03-30 05:02:54 UTC+14

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From: ZenBusiness User

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew Tenney	3020 Cove Bend Drive Tampa, FL 33617	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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