

L23000058955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2024 APR 29 PM 12:23
CLERK OF DISTRICT COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2024

RAUL CALZADA
784 52ND AVENUE S
ST.PETERSBURG,FL 33705

SUBJECT: NUNO FILMS LLC
Ref. Number: L23000058955

We have received your document for NUNO FILMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE FILL OUT THE FORM WE HAVE ATTACHED SO WE CAN PROCESS THE NAME CHANGE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester
Regulatory Specialist II

Letter Number: 624A00006210

2024 APR 29 PM 12:24

FILED

Handwritten signature: KHC 4/24

February 24, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Raul Calzada, AMBR
NUNO FILMS, LLC
784 52nd Avenue S
St Peterburg, FL 33705

Subject: Request for Name Change - NUNO FILMS, LLC L23000058955

Dear Florida Department of State,

This letter is submitted to request a name change for NUNO FILMS, LLC, a Florida LLC company organized on February 1, 2023. We wish to change the legal name of the company to NUNO GALLEON PUBLISHING, LLC.

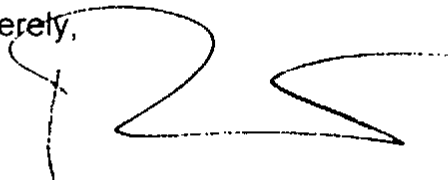
Enclosed with this letter is a copy of the company's Certificate of Organization for your reference. **We confirm that the new name, NUNO GALLEON PUBLISHING, LLC, complies with all naming requirements set forth in Florida Statutes.**

Please find the filing fee of \$25.00 enclosed MO payable to the Florida Department of State.

Please contact me at 646-484-1350 or rcalzadany@gmail.com if you require any further information.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Raul Calzada', written over a horizontal line.

Raul Calzada

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FLORIDA DEPARTMENT OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Nuno Films, 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 2-1-2023 and assigned
Florida document number L23000058955.

This amendment is submitted to amend the following:

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

Nuno Galleon Publishing, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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

_____, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FL
COUNTY CLERK'S OFFICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

三

2024 APR 29 PM 12:24

11-11-11


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 27, 2024



Signature of a member or authorized representative of a member

RAUL CALZADA

Typed or printed name of signee

Filing Fee: \$25.00