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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(David Markey)
(Document Number)
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2023 APR 10 AM 8:50

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## **COVER LETTER**

	Registration Division of C				
SURTEC	Nudias, l	LLC			
30000	· ·	Name of Limite	ed Liability Company		
The enclo	osed Articles	of Amendment and fee(s) are submi	itted for filing.		
Please ret	urn all corres	pondence concerning this matter to	the following:		
		James Turcotte			
			Name of Person	<del></del>	·
		Nudias, LLC			
			Firm/Company		
		555 Shorehaven Drive			
			Address		<del></del>
		Poinciana, FL 34759			
			City/State and Zip Code		
		jeturcottenh@gmail.com			
SUBJECT The enclos Please return James Turnes Enclosed is		E-mail address: (to	be used for future annual re	port notification)	
For furthe	er information	concerning this matter, please call	:		
James Tu	ircotte		603 305-	5639	
	Name	of Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for	the following amount:			
□ <b>\$</b> 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahagaaa El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 M. Manage Course Colle. 010

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nudias, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records, ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	pany were filed on Feb. 14, 2023	and assigned
Florida document number L23000081244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NuDeus, 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 ADDRES.	<u>s</u>	<del></del>
		2023
		APR T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		00 m
		<b>50</b>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
Navy Davistanul Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
<del></del>	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:

or remo	vea trom our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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## Page 2 of 3

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	<u> </u>
Note:	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	March 21, 2023
	Signature of a member or authorized representative of a member
	James Turcotte

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Filing Fee: \$25.00