# 13000265532

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	<u>-</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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### **COVER LETTER**

	Registration Se Division of Cor				
OUBIEC	Nexus Hub	LLC			
SUBJEC	·	Name of Lim	ited Liability Company	<del></del>	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	um all correspo	ondence concerning this matter	to the following:		
		Nelson Saint Preux			
		Name of Person  Nexus Assistance Group			
		Firm/Company			
	3823 Tamiami Trl E suite 160				
		Naples, Florida, 34112  City/State and Zip Code			
	info@nexushubllc.com  E-mail address: (to be used for future annual report notification)				
For furthe	r information c	oncerning this matter, please c	all:		
Nelson Sa	int Preux		239 3673587 at ( )		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed i	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Jailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
	Division of C		Division of Cor		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nexus Hub LLC		<del></del>
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
ne Articles of Organization for this Limited Liability Comp	any were filed on May 31, 2023	and assigned
orida document number L23000265532		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
exus Assistance Group, LLC		
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	2	
		17.
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>م</u> ن
		;
If amending the registered agent and/or registered offi	ice address on our records, enter the	name of the new-regist
ent and/or the new registered office address here:	, <u></u>	37 O
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		· · <u> · · · · · · · · · · · · · · · ·</u>
	Enter Florida street address	
	, Floric	
	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>	Address	Type of Action
			□Add
			Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Change
			□Add
			[]Remove
			Change
<del></del>		<del></del>	□Add
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			□Change
			□Add
		<del>, , , , , , , , , , , , , , , , , , , </del>	
		<del></del>	

# Page 2 of 3

th	at the business no longer operates under a " Doing Business As" (Casana store) name. Effective
in	nmediately, Nexus Assistance Group, LLC confirms that it has discontinued the use of any and
а	II DBAs associated with the business.
-	
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_	
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_	<del></del>
_	
etiv	ve date, if other than the date of filing: (optional)
ific : l	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
200	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.
a I	1/11/2024
u	·

Filing Fee: \$25.00

Typed or printed name of signee