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COVERDELLER

TO: Registration See Division of Corp	tion *		
SUBJECT:	Nutrock Do	OUCA LL L d Liability Company	
Please return all correspon	dence concerning this matter to	the following:	
	Jasmu	ne Grachetti	
	Nuturnool	Firm/Company	
	1046 SE	Bywood AVE Address	
	Port St. Lu	City/State and Zip Code	
	L-mail address: (lo	be used for future annual report hotific	ail.com
for further information co	ncerning this matter, please ca	H:	
	Counciti	at (<u>772</u>) <u>US-</u> Area Code Daytime 7	9980 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

TO ARTICLES OF ORGANIZATION OF

Nuturnuce [<u>wa</u>	(rs on our records)		
(Name of the Limited Linbility Compa (A Florida Limited)	i, inbility Company)	13 VI VAI 18381 ELD		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000416008</u>	were filed on	9/6/20	23 and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab Sony Side Both Se The new name must be distinguishable and contain the words "Limited Liabi	5 1	1	the abbreviation "L.I	"C."
	, , ,-		2_	
Enter new principal offices address, if applicable:	 ,		24	
(Principal office address MUST BE A STREET ADDRESS)			in in	_:
			<u> </u>	:
			PH_	171
Enter new mailing address, if applicable:				• .•
(Mailing address MAY BE A POST OFFICE BOX)			- 5	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the</u>	name of the new	registere
New Registered Office Address:	Enter Flo	orida street address		
		, Florid	la	
	Ciry		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance o provided for in	of my duties, and I Chapter 605, F.S	am familiar with . Or, if this docu	and ment is

If Changing Registered Agent, Signature of New Registered Agent

:

or remove	d from our records:		HANDLESS OF CHAN DELSON DEING BORGO
MGR = 3	Manager Authorized Member	•	
Title	Same	Δάψτεςς	Type of Action
			OAdd
			Type of Action ———————————————————————————————————
			Change
			
			□Remove
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ות וו	ending any other information, enfer change(s) here: (Attach additional sheets, if necessary.)
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rote.	tive date, if other than the date of filing: (optional) ffective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ne reco ord is I	ord 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 filed.
Dated	February 14, zozy
	Signature of a member or authorized representative of a member
	displace of a member of audiorized representative of a member
	Joseph Courch William

Filing Fee: \$25.00