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SECTION - 1 PH 4: 35
SECTION - 1 PH 4: 35

COVER LETTER

TO: Registration Sec Division of Corp		·		•	
SUBJECT: NEXUS PP	M LLC				
SUBJECT.	Name of Limi	ted Liability Company			
	Amendment and fee(s) are subj				
Please return all correspor	ndence concerning this matter t	to the following.			
	John Mouzakitis				
		Name of Person			
	NEXUS PPM LLC	Firm/Company			
		t min company			
	12342 Cascades Pointe Dri	Address Address			
	Boca Raton, Fl 33428				
	Total Rates, 1123 120	City/State and Zip Code			
	john.m@sunrisescheduling.	com to be used for future annual report notifi	ication)		
D. C. danie E. anni an a	oncerning this matter, please of		oution,	(c) 21	
For further information ed	oncerning this matter, prease of			D3 N	
John Mouzakitis Name of	f Person	at (646) 884-0415 Area Code Daytime	Telephone Number	SECHL ARAY	
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Enclosed is a check for th	ne following amount:			H 4: 35 EE, FLEFE ling FL	التعديا
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXUS PPM LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter th	
Name of New Registered Agent:		E. FIA S
New Registered Office Address:	Enter Florida street address	
		·
	, Flori	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 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
MGR	Nicholas Joseph Halksworth	107 Liverpool Road	■Add
		Bickerstaffe, West Lancashire	□Remove
		United Kingdom, L39 OEQ	□Change
			□Remove
			Change
			TO PAND TO
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