L24000106335

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL



Authentisign (D: 5D546596-9198-EF11-88CF-002248299057

COVER LETTER

TO: Registration So Division of Cor			
Nemo the I	•		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·		-	
	Jose D. Suguiyama		
		Name of Person	
	Nemo the Pom LLC		
	-	Firm/Company	
	777 Brickell Ave Suite 121	0	
	-	Address	
	Miami, FL 33131	radics	
			
	jsuguiyama@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please co	all:	
Jose Cipriani	,	786 426-8780	
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
			SE SE
Enclosed is a check for t	he following amount:		ZCR CR
≡ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. A R Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
			STA: FL
			· 📆

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

Authenbsign ID: 5D546596-9198-EF11 88CF-002248299057

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nemo The Poin LLC				
(Name of the Limites	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/01/2024}{1.24000106335}$ Florida document number				and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the	the limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the designation	n "LLC" or the abbre	riation "L.L. C "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		777 Brickell Ave Suite 1	210	
		Miami, FL 33131		
		-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		777 Brickell Ave Suite 1	210	
		Miami, FL 33131		
	- 			
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records,	enter the name o	f the new registered
Name of New Registered Agent:	MB7 Corporate Services LLC			(0 53
New Registered Office Address:	777 Brickell Av	e Suite 1210		024 I
Negistered Street Hadess		Enter Florida street	address	TE NOV
	Miami	· · · · · · · · · · · · · · · · · · ·	Florida	
New Registered Agent's Signature, if changing Re	egistered Agent:	Сиу	Florida 33131	1024 NOV -8 AM 10 ECRETARY OF S TALLAH/SEEE,
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of	r and complete tered agent as p egistered office	ee to act in this capacity performance of my duto provided for in Chapter	v. I further agree ies, and I am fam 605, F.S. Or, if t	to comply with the iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

Authoritisign 10 50548596-9198-EF11-88CF-002248299057
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>	Type of Action
AMBR	KALA THE POM LTD , a BVI Corporation	P.O. Box 116	
		Don't Tour Tour In Delical Viscia Islands	= Add
		Road Town, Tortola, British Virgin Islands	□Remove
			□Change
MGR	Jose D. Suguiyama	777 Brickell Ave Suite 1210	□ Add
		Miami, FL 33131	= 0
			□Add
			Remove
		<u> </u>	Change
			ECRETI
			AHIO: 41 OF SHATE SEE, GL
			□Remove
			□Change
			🗆 Add
			□Remove

 \Box Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
	<u> </u>	9
	TALE TALE	NUM YOU
		S !
(If an effective dat <u>Note:</u> If the dat	e, if other than the date of filing: (optional) (it is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600,0207 the inserted in this block does not meet the applicable statutory filing requirements, this date will not be libered as ective date on the Department of State's records.	系(b) (中)(b)
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Novemb		
	Jose Suguiyama	
1	Signature of a member or authorized representative of a member D. Suguiyama	
JOSE	Typed or printed name of signee	

Filing Fee: \$25.00