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(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor			•
SUBJECT:	LC		
30bJLe1	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Vadim S. Antonov		
		Name of Person	
		Firm/Company	
	1337 Madison St		
		Address	
	Gretna La 70053		
		City/State and Zip Code	
	support@nucknee.com		
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ill:	
Vadim S. Antonov		330 503-2168 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$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, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 APR - 1 AM 1: 00

NucKnee LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

			•
The Articles of Organization for this Limited Liab	oility Company were filed on Marc		
Florida document number L24000127441			-
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
NuLYFF LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		· ···
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
B. If amending the registered agent and/or reg	vistered office address on our rec	cords, enter the n	ame of the new regis
		.0.00, <u>0</u>	
agent and/or the new registered office address			
agent and/or the new registered office address			
Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Floria	la stræt address	
			Zip Code

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:

MĠR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
		<u></u>	□Add
			Петюче
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			①Add
			□Remove
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			□ Remove
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