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COVER LETTER

TO: Registration Se Division of Cor		:	
Nautical Ne	exus LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Christian Berchon		
		Name of Person	
	<u> </u>	Firm/Company	
	1825 Sundance Chase Rd		. <u></u>
	Minneola, FL 34715	Address	
	· -	City/State and Zip Code	
	Berchon85@gmail.com E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
William Head		954 525-7822 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	Section
Division of C P.O. Box 632	Corporations	Division of Court The Centre of	
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nautical Nexus LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
ne Articles of Organization for this Limited Liability Company	were filed on 3/14/2024	and assigned
orida document number L24000127885		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
autical Nexus of Florida LLC		
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •		702
rincipal office address MUST BE A STREET ADDRESS)		024 API
		10
nter new mailing address, if applicable:	<u> </u>	-0 (1)
Aailing address MAY BE A POST OFFICE BOX)		_iii
		့် တို
		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines 1 to may 34 cet about 633	
<u></u>	, Flor	ridaZip Code
	City	Lip 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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			☐ Change
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			□Remove

_ □Remove

Change

ective date, if other than the date of filing:	_	
ective date, if other than the date of filling: (optional) refereive 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 605.020 teg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. coord 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 sfiled.	_	
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Signature of a member or authorized representative of a member	ed	March 25 , 2024
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		Signature of a mention of authorized telescentance of a memoria

Filing Fee: \$25.00