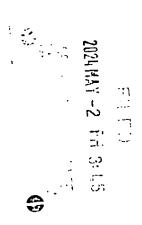


(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	-





05/02/24--01018--009 **25.00



COVER LETTER

TO:				
SURIFO		ETJEN LLC		
3000120		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MIGUEL PEREZ		
Division of Corporations NANO TIETJEN LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL PEREZ Name of Person NANO TIETJEN LLC Firm/Company 3253 FOXCROFT RD APT G-210 Address MIRAMAR. FL 33025 City/State and Zip Code MPTAXES.SERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL PEREZ Name of Person At (Aca Code Daytime Telephone Number) Enclosed is a check for the following amount: \$\inc\$ \$25.00 \tilde{\text{Filing Fee}} \tilde{\text{Certificate of Status}} \tilde{\text{Certified Copy}} (additional copy is enclosed) Mailling Address: Street Address:				
	NANO TIETJEN LLC			
			Firm/Company	
		3253 FOXCROFT RD AP	fee(s) are submitted for filing. Ing this matter to the following: REZ Name of Person DEN LLC Firm/Company ROFT RD APT G-210 Address FL 33025 City/State and Zip Code ER VICES@GMAIL.COM -mail address: (to be used for future annual report notification) atter, please call: 1786 19-3888 11 (786 Area Code Daytime Telephone Number unt: Ing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:	
			Address	
Division of Corporations NANO TIETJEN LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL PEREZ Name of Person NANO TIETJEN LLC Firm/Company 3253 FOXCROFT RD APT G-210 Address MIRAMAR. FL 33025 City/State and Zip Code MPTAXES.SERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL PEREZ Name of Person Person Name of Person Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)				
			submitted for filing. Inter to the following: Name of Person Firm/Company APT G-210 Address City/State and Zip Code (@GMAIL.COM) Interest (Interest and Interest and I	
		-		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please co	all:	
MIGUE	L PEREZ			
-	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ion

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NANO TIETJEN LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/01/2024	and assigned
lorida document number L24000154515		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NANO EMPRENDIMIENTOS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		~ N
		024
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	 .	-2
		မှာ
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	· · · · · · · · · · · · · · · · · · ·
		8
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	(A)
	, FI	lorida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ote: If the o	te, if other than the date of filing:	o 605.0207 e listed as
record speci I is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ated	· 2024	
_	Signature of a member or authorized representative of a member	
	Signature of a member of autoportized representative of a member	

Filing Fee: \$25.00