

L25000087961

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(Address)

(Address)

(City/State/Zip/Phone #)

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ILLINOIS STATE  
2025 AUG 11 AM 11:03  
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Claudia Serrano  
15230 SW 302nd Street  
Homestead, FL 33033  
0280237sm@gmail.com  
(786) 318-6108

July 7, 2025

TO:  
Registration Section  
Division of Corporations  
Florida Department of State

SUBJECT: Articles of Amendment – Nūphase LLC (formerly MMS Home Health LLC)

Dear Sir or Madam,

Please find enclosed the Articles of Amendment for filing on behalf of our Florida Limited Liability Company. We are amending the Articles to:

- Change the name of the entity from **MMS Home Health LLC** to **Nūphase LLC**
- Update the registered agent to **Claudia Serrano**
- Add new officers, including the CEO and COO.

Enclosed you will find the completed Articles of Amendment and a check in the amount of **\$25.00** to cover the required filing fee. Please return the acknowledgment to the address listed above, and contact me at (786) 318-6108 if further information is needed.

We respectfully request the filing become effective on **July 2, 2025**.

Thank you for your assistance in this matter.

Sincerely,

Claudia Serrano  
Authorized Agent for Nūphase LLC



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MMS Home Health 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 Liability Company were filed on 2/20/2025 and assigned Florida document number 1.25000087961.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Nüphase LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

15230 SW 302nd ST

Homestead FL

33033

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same as Principal Address

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Claudia Serrano

New Registered Office Address:

15230 SW 302nd St

*Enter Florida street address*

Homestead

Florida

33033

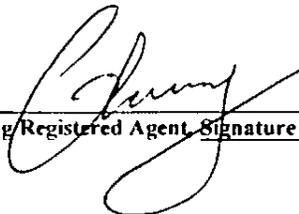
*City*

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Claudia Serrano	15230 SW 302nd St Homestead Fl 33033	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Orlys Treco	15230 SW 302nd St Homestead Fl 33033	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maribel Mendoza	15230 SW 302nd St Homestead Fl 33033	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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