L25000087961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 – Nüphase 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 **Nüphase 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 Nüphase LLC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MMS HOME HEALTH 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:

Kirenia Chavez
Name of Person

Firm/Company

15230 sw 302nd St
Address

Homestead FL 33033
City/State and Zip Code

0280237sm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirenia Chavez at (786) 318- 6108
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 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

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 L25000087961.

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

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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

Title	Name	Address	Type of Action
CEO	Claudia Serrano	15230 SW 302nd St Homestead Fl 33033	■ Add
			☐ Remove
			☐ Change
COO	Orlys Treco	15230 SW 302nd St Homestead Fl 33033	■ Add
			☐ Remove
			☐ Change
MGR	Maribel Mendoza	15230 SW 302nd St Homestead Fl 33033	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to add the new officers and the CEO and COO.

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TALLAHASSEE, FL
SECRETARY OF STATE

E. Effective date, if other than the date of filing: July 2nd 2025 **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 2nd 2025.

Signature of a member or authorized representative of a member

Kirenia Chavez

Typed or printed name of signee