P23000010770

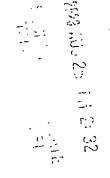
(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: NURO is, Inc.			
DOCUMENT NUM	P23000010770			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Chase A. Pisaris Henderson			
	-	Name of Contact Person	n	
	NURO is, Inc.			
	•	Firm/ Company		
	8595 College Parkway, Suite	350		
		Address		
	Fort Myers, FL 33919			
	City/ State and Zip Code			
	chase.henderson2@gmail.co	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Chase A. Pisaris He	nderson	at (239	989-3003	2003 AUC 27
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:	20 +
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	11 21 32 11 12 32
	ailing Address nendment Section		Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NURO is, Inc.				
(Name	of Corporation as current	tly filed with the Florida Dept. of State)		
P23000010770				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
	Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviat A professional corporation name must conto "	tion "Corp.,"	
R Enter new principal office address	if annlicable:	8595 College Parkway		
	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		Fort Myers, FL 33919		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8595 College Parkway		
· · · · · · · · · · · · · · · · · · ·		Suite 350		
		Fort Myers, FL 33919		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	N/A		77. 1	
	8595 College Parkway, So	uite 350	77 m	
	(Florida st	reet address)	– <u>``</u> ;	
New Registered Office Address:	Fort Myers	, Florida 33919	•:-	
New Negmereu Office Address.			Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>		
		with and accept the obligations of the position.		
			_	
	Signature of New F	Registered Agent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) x Change	D	Chase A. Pisaris Henderson	8595 College Parkway
Add			Suite 350
Remove			Fort Myers, FL 33919
2) Change	PS	Craig A. Pisaris-Henderson	8595 College Parkway
x Add	***************************************		Suite 350
Remove			Fort Myers, FL 33919
3) Change	D	Kristin Stubbs	8595 College Parkway
xAdd			Suite 350
Remove			Fort Myers, FL 33919
4) Change			, , , , , , , , , , , , , , , , , , , ,
Add			
Remove			~
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	٠, -
(if not applicable, indicate N/A)	7.C.v.
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	 -1
	1.0

•	08/09/2023	
The date of each amendmen		, if other than the
late this document was signed		
56645 J. 4 56	08/09/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, thin be Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/wer by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	atement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
20,100	10.003	
08/09. Dated	72023	
Dated	//-/	
Signature <u>(</u>	1 APh	
	y a director, president or other officer – if directors or officers have not be	een
se	elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Chase A. Pisaris Henderson	
	(Typed or printed name of person signing)	
	Director	77 55 29 21 52 23
		- 29
	(Title of person signing)	_
		- 13.
		٦.
		1.5