## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000433046 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : TIER ONE LICENSES LLC

Account Number: I20230000120 Phone : (321)989-7356 Fax Number : (321)341-8522

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

alex.m@nusens-usa.com Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN NUSENS USA, INC.

| Certificate of Status | ()     |
|-----------------------|--------|
| Certified Copy        | 0      |
| Page Count            | 07     |
| Estimated Charge      | s35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

Э

From: +13213418522 (Cisa Adams)

**COVER LETTER** 

(((H23000433046 3)))

| Division of Cor        | porations  |  |   |
|------------------------|--|--|---|
| NAME OF CORPO          | RATION: NUSENS USA, IN   | ∛C.  |   |
|                        | 1BER: P23000019181   |  |   |
|                        | s of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corr | espondence concerning this ma  | ater to the following:   |   |
|                        | Alex Milic   |  |   |
|                        |  | Name of Contact Person   | n   |
|                        | NUSENS USA, INC.   |  |   |
|                        | Firm/ Company  |  |   |
|                        | 300-6710 Benjamin Road   |  |   |
|                        |  | Address  | _   |
|                        | Tampa, FL 33634  |  |   |
|                        |  | City/ State and Zip Cod  | ¢   |
|                        | alex.m@nusens-usa.com  |  |   |
|                        | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further informati  | on concerning this matter, plea  | se call:   |   |
| Alex Milic             |  | at ( 813   | de & Daytime Telephone Number   |
| Name                   | of Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check (  | for the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee         | □\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)     |
| Ar<br>Di<br>P.C        | niling Address nendment Section vision of Corporations D. Box 6327 tlahassee, FL 32314 | Amend<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

(((H230004330463)))

## Articles of Amendment to Articles of Incorporation of

| NUSENS USA, INC.  |   |
|---|---|
| (Name of Corporation as current)  | filed with the Florida Dept. of State)                          |
| P23000019181  |   |
| (Document Number of   | Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporation," "c<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered." "professional association," or the abbreviation "P.A." |   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
|   |   |
| C. Enter new mailing address, if applicable:  | ; ;   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
|   | • •   |
|   | :   |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address:   |   |
|   |   |
| Name of New Registered Agent  |   |
| (Floridu stre   | at addragal   |
| With the  | er uzer esay  |
| New Registered Office Address:  | , Florida   |
|   | 12.47 ( 00.67   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| I hereby accept the appointment as registered agent. I am familiar w  | ith and accept the abligations of the position.                 |
|   |   |
|   |   |
| Signature of New Re   | gistered Agent, if changing                                     |
| Check if applicable   |   |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (  | e), F.S.  |

(((H23000433046 3)))

To: +18506176380

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)

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 Doc 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.

| Example: X Change             | PT Joh               | <u>ui Doc</u>  |   |
|-------------------------------|----------------------|----------------|---|
| X Remove                      | <u>V</u> <u>Mil</u>  | ke Jones       |   |
| X Add                         | <u>SV</u> <u>Sal</u> | ly Smith       |   |
| Type of Action<br>(Check One) | Title                | <u>Nume</u>    | Address                                 |
| 1) Change                     | VP                   | JELENA COSOVIC | 6023 13ST N                             |
| Add                           |                      |                | ST.PETERSBURG, FL 33703                 |
| X Remove                      |                      |                | 3                                       |
| 2) Change                     | MGR                  | JOSE ALVES     | 6023 13ST N                             |
| Add                           |                      |                | ST.PETERSBURG, FL 33703                 |
| x Remove 3) Change            |                      |                |   |
| Add                           |                      |                | · ·                                     |
| Remove                        |                      |                | <del></del>                             |
| 4) Change                     |                      |                |   |
| Add                           |                      |                |   |
| Remove                        |                      |                | <del></del>                             |
| 5) Change                     | ·                    |                |   |
| Add                           |                      |                | *************************************** |
| Remove                        |                      |                |   |
| δ) Change                     |                      |                |   |
| Add                           |                      |                |   |
| Remove                        |                      |                |   |

(((H23000433046 3)))

Fo: +18506176380

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |              |
|--|--------------|
|  |              |
| Please add the EIN to our filing information section which is 36-5054401   | <del>.</del> |
| Thank you  |              |
|  |              |
|  |              |
| <u> </u>   | <u>.</u>     |
|  |              |
|  | <del></del>  |
|  |              |
|  |              |
|  |              |
|  | :            |
|  |              |
|  |              |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if no: applicable, indicate N/A) |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |

(((H23000433046 3)))

| The date of each amendment(s) add date this document was signed.                | ption:   | if other than the        |
|---|--|--------------------------|
| Effective date if applicable:   |  |                          |
| <del></del>   | (no more than 90 days after amendment file date)   |                          |
| Note: If the date inserted in this blo<br>document's effective date on the Dep. | ck does not meet the applicable statutory filing requirements, this date wi<br>artment of State's records.   | ill not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                          |
| ☐ The amendment(s) was/were adop action was not required.                       | ed by the incorporators, or board of directors without shareholder action an   | d shareholder            |
| The amendment(s) was/were adopt<br>by the shareholders was/were suff            | ed by the shareholders. The number of votes cast for the amendment(s) leient for approval.   |                          |
| must be separately provided for ea  | wed by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment's):  |                          |
|   | r the amendment(s) was/were sufficient for approval  |                          |
| by  | (voting group)   | -<br>·                   |
| 12/20/2023  |  | ^                        |
| Dated   | West L   | -                        |
| selected.   | ctor, president or other officer – if directors or officers have not been<br>by an incorporator – if in the hands of a receiver, trustee, or other court<br>fiduciary by that fiduciary) | <del>-</del>             |
| Α   | lex Milic  |                          |
|   | (Typed or printed name of person signing)  | ·····                    |
| h   |  |                          |
| <del></del>   | (Title of person signing)  | <u></u>                  |