## P24000055304

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2024 NOV 19 PM 2: 59 SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: NU GREEN INC					
DOCUMENT NUM	IBER: P24000055304					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	SEAN MICHAEL FARAZA	.D				
		Name of Contact Person				
	NU GREEN INC	wante of Condet ( Cross)				
		Firm/ Company	··			
	235 Apollo Beach Blvd, STF	E 306				
		Address	·			
	APOLLO BEACH, FL 3357	2				
		City/ State and Zip Code				
	SEAN.FARAZAD@GMAIL	СОМ		T Das	2024 NOV 19	
		sed for future annual report not	ification)	AL R	<b>=</b>	<u>-</u>
	·	,	,	ŽΑ	¥	
For further information	on concerning this matter, plea	se call:		TASK TASK		1
SEAN FARAZAD		703	896-0030	ECRETARY OF ST TALLAHASSEE, I	PH 2:	
Name	of Contact Person	at () _ Area Code &	è Daytime Telephone Number		: 59	
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Enclosed is a check b	or the following amount made	payable to the Florida Departm	ent of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ani Div	iling Address tendment Section rision of Corporations D. Box 6327					

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

NU GREEN INC			
	(Document Number of Corpora	ation (if known)	·
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i> i	Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A profess	" or "incorporated" or the abbreviational corporation name must conto	The new tion "Corp.," ain the word
B. Enter new principal office address, (Principal office address MUST BE A S			<del></del>
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)  D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Fl	orida, enter the name of the	SECRETARY OF ST
<u>Name of New Registered Agent</u>	235 Apollo Beach Blvd, STE 306		59 FATE
New Registered Office Address:	(Florida street addres APOLLO BEACH (City)	, Florida	Code)
New Registered Agent's Signature, if continued the second the appointment as regist	nanging Registered Agent: ered agent. I am familiar with and a	uccept the obligations of the position.	
	Signature of New 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)

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.

Example:	ore, and bany but	in, Sr us an Add.		
Example: X Change	<u>PT</u> <u>John</u>	<u> Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> <u>Saily</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	Officer	SEAN FARAZAD	235 Apollo Beach Blvd, STE 306	
Add			Apollo Beach FL 33534	
Remove			****	
2) X Change	Presiden	HARAJ SOOR	235 Apollo Beach Blvd, STE 306	
Add			Apollo Beach FL 33572	
Remove 3) Change	Secretar	HARAJ SOOR	Apollo Beach FL 33572 — Apollo Beach FL 33572	2
X Add			ALLA NOV	
Remove			HAN G	(")
4) Change				5 L
Add			<u></u>	л o
Remove				
5) Change	*****		<del></del>	
Add				
Remove				
6) Change		177-147-14		
Add				
Remove				

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)		
	SECRETAR TALLAHA	•••
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	SSE 3	
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 not applicable, indicate N/A)	2: 59 E. FL	
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	<del></del>	

	11/13/2024	
The date of each amendment(s		, if other than the
date this document was signed.	1412/2024	
	1/13/2024	
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(.	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	•	
.,,	(voting group)	
11/13/20	174	
Dated		
Signature	Sand decessor	702 SE
(By selection)	a director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth pinted fiduciary by that fiduciary)	
	SEAN MICHAEL FARAZAD	DV 19 PM
	(Typed or printed name of person signing)	E S. S.
	Officer	:: 59 STATE ; FL
	(Title of person signing)	