## LIO 000 108378

(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
		truction & Design LLC				
SUBJECT:						
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Matt Cunningham				
		Novo Construction	Name of Person			
		4292 Corporate Square	Firm/Company			
		Naples, FL 34104	Address			
		matt@novoconstruction.net	City/State and Zip Code			
		E-mail address: (	to be used for future annual report notif	lication)		
For fu	rther information c	oncerning this matter, please co	all:			
Matt 0	Cunningham		239 431-6978 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
<b>■</b> \$2	5.00 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)		

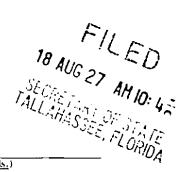
MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
••			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	_	nter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Floric	la	
	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>	Address	Type of Action
MGR	Nicolas Jackson	PO Box 112468 Naples, FL 34108	
			Remove
			Change
MGR	Michael A Jackson	PO Box 112468 Naples, FL 34108	
			□ Remove
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<u>Note:</u> If th	ne date inserted in	this block does	filing: ific and cannot be pr s not meet the app nt of State's recor	licable statutory	g or more than 90 Hiling requirer	(optional days after filing nents, this date	) g.) Pursuant to 60 g will not be lis	5,0207 (3)(b ted as the
	I specifies a de th day after th		tive date, but i filed.	not an effect	ive time, at	12:01 a.m.	on the earl	ier of:
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-		Signatur	re of a member or ac	thorized represer	ntative of a mem	per		

Page 3 of 3

Filing Fee: \$25.00