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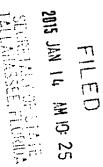
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		COVER LETTER	, s	
TO: Registration Section		:	· •.`	
Division of Corpora			,	
** \	Juova (050 (`.	
SUBJECT:		nited Liability Company		
	Name of tan	unda Elavinty Company		
The enclosed Articles of Ame	ndment and fee(s) are sub	bmitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
	_	1/1		
	Ivai	nna Khali	US	
_		Name of Person	1 0	
	Nuova	Name of Person Casa Limit Company	LC	
_		Pilli/Company		
	981 F	lwy 98	E, Ste	3266
_		Address	(-	
*	Destin,	FL 3250 City/State and Zip Code La Khalus @	41	
_		City/State and Zip Code	1	. 4
	IVann	lakhalus @	gmail. Co	\mathcal{M}
	E-mail address:	(to be used for future annual report	not fric ation)	
For further information concer	rning this matter, please o	call:		
Ivanna W	nalus	at (<u>\$50</u>) 79 Area Code Day	7-082	-
Name of Pers	son	Area Code Day	rtime Telephone Number	
Enclosed is a check for the fol	lowing amount:			
□ \$25.00 Filing Fee 🔀	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee	e,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

EH ED

	OF	FILEU
Nuova	Casa L	2015 JAN 14 AM 10: 25 SECRETARY DE STATE
(<u>ivame of the Limited</u>	Liability Company as it now appea Florida Limited Liability Company)	rs on our records. LAHASSEE, FLORIDA
The Articles of Organization for this Limited Lial Florida document number	oility Company were filed on _	1/23/2012 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t		ere:
The new name must be distinguishable and end with the wo		designation VI I C" or the abbreviation VI I C "
		designation LLC of the abbreviation L.E.C.
Enter new principal offices address, if applicab		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e address here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		. Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add
			Remove
			Remove
			Add
			□ Remove
			Remove
_			□ Add
			□ Remove

	<u> </u>
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me the date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated January 12, 2015.	
Signature of a member or authorized representative of a	a member
LVanna Knalu Typed or printed name of signee	15

Page 3 of 3

Filing Fee: \$25.00

