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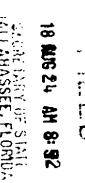
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COVER LETTER

Registration Section 1

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations		
Nuovo En SUBJECT:	terprise, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Glorivee Rodriguez		
	-	Name of Person	
	Nuovo Enterprise, LLC		
		Firm/Company	
	4709 Distribution Court	Suite 11	
		Address	
	Orlando, FL 32822		☆
	glori@nuovoenterprise.c	City/State and Zip Code om	7. SARA
	E-mail address; (to be used for future annual report notifi	• ,
For further information of	concerning this matter, please c	all:	E. FLC
Glorivee Rodriguez		407 779-5172	ORALI 🥷
Name o	of Person		Telephone Number
Enclosed is a check for the	-		
■ \$25.00 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our recor liability Company)	<u>(ds.</u>)		
The Articles of Organization for this Limited L Florida document number L17000194264	iability Company	were filed on 09/19/2017	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		4709 Distribution Court Suite 11			
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32822	್ ಕ		
-	_		2 2		
Enter new mailing address, if applicable:		4709 Distribution Court Sui	te 11		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Orlando, FL 32822	FLOW		
B. If amending the registered agent and/ registered agent and/or the new registered of			Is, enter the name of the nev		
Name of New Registered Agent:					
New Registered Office Address:	4709 Distribution Court Suite 11				
		Enter Florida street addre	wy		
	Orlando	, F	lorida <u>32822</u>		
		City	Zip Code		
New Registered Agent's Signature, if changing I					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		

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>	Name	Address	Type of Action
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			Change
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			Change
			□ Add
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			Change
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fective date, if other than the c	date of filing:		(optio	onal)	
•	be specific and cannot be prior	r to date of filing or r	nore than 90 days after	filing.) Pursuant	to 605.020
an effective date is listed, the date must	and the applications are applications are applications and the applications are applications are applications.	i.	ig requirements, this	date will not t	e usied as
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