

L17000 194 264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

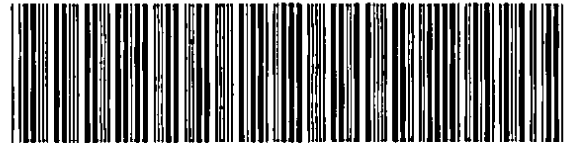
(Business Entity Name)

(Document Number)

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2019 SEP 12 PM 6:34

RECEIVED

C. GOLDEN

SEP 17 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nuovo Enterprise, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glorivee Rodriguez

Name of Person

Nuovo Enterprise, LLC

Firm/Company

9702 Sanctuary Square Dr Unit 100

Address

Orlando, FL 32832

City/State and Zip Code

glori@nuovoenterprise.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glorivee Rodriguez

407

779-5172

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

### 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

RECEIVED

AUG 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2019

GLORIVEE RODRIGUEZ  
9702 SANCTUARY SQUARE DRIVE  
UNIT 100  
ORLANDO, FL 32832

SUBJECT: NUOVO ENTERPRISE, LLC  
Ref. Number: L17000194264

We have received your document for NUOVO ENTERPRISE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 719A00017962

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2019 SEP 12 PM 6:34

Nuovo Enterprise, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 19, 2017 and assigned  
Florida document number L17000194264.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

9702 Sanctuary Square Dr Unit 100

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32832

Enter new mailing address, if applicable:

9702 Sanctuary Square Dr Unit 100

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32832

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

9702 Sanctuary Square Dr Unit 100

*Enter Florida street address*

Orlando

*City*

Florida 32832

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 12 2019

Glorivee Rodriguez

**Filing Fee: \$25.00**