

L190012339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

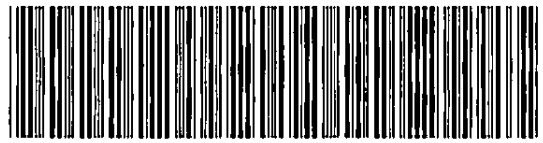
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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IS. HUNT
06/19/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXOALLOY 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:

CRISTOPHER GARCIA

Name of Person

EXOALLOY

Firm/Company

PO BOX 1782

Address

LAND O' LAKES, FL 34639

City/State and Zip Code

CGARCIA@EXOALLOY.COM

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

For further information concerning this matter, please call:

CRISTOPHER GARCIA

Name of Person

at (813) 399-3345

Area Code

Daytime Telephone Number

CLERK OF STATE
TALLAHASSEE, FL

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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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

EXOALLOY 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 05/07/2019 and assigned Florida document number L19000123389.

This amendment is submitted to amend the following:

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

NOUVEAU CONSTRUCTION LLC

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

Enter new principal offices address, if applicable:

5230 LAND O' LAKES BLVD., #1782

(Principal office address MUST BE A STREET ADDRESS)

LAND O' LAKES, FL 34639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

5230 LAND O' LAKES BLVD. #1782,

Enter Florida street address

LAND O' LAKES

City

, Florida 34639

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>
AMBR	FRANCHESKA GARCIA	PO BOX 1782	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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