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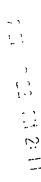
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Certified Copies	Certificates	s of Status
Special Instructions to	- Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration : Division of Co					
SUBJECT:	Nordet C	unstru	iction Service	is il	ب ب
30b3EC1	1,010,000	ame of Lim	nited Liability Company		<del>-</del>
The enclosed Articles of	of Amendment and fee	(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning	his matter	to the following:		
	<u>,                                     </u>				
	Ì	)dicii	Olintana To	orres	
			Name of Person		
	_ Nov.	( Let	onstruction	Siviles	
	,		Firm/Company		
	90	08	Shady Tree	(+	
			Address		
		Turac	FI 3363	4	
		REALLY	City/State and Zip Code	1	
	dalai S	-torres	s@yahoo ca	M	
	E-ma	il address: (	to be used for future annual r	report notification)	
For further information	concerning this matte	r, please c	all:		
Datai O.	infaira To	mai S	674 2	1.00 AL	0.2
	of Person	(IC)	at ( ( ) })	Daytime Teleph	one Number
Enclosed is a check for	the following amoun	:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing	Fee &	☐ \$55.00 Filing Fee &	k [	\$60.00 Filing Fee,
	Certificate o		Certified Copy  (additional copy is encl		Certificate of Status & Certified Copy
			(	,	(additional copy is enclosed)
Mailing Addr	ess:		Street Ad	dress:	
Registration			_	tion Section	
Division of P.O. Box 63	Corporations 327			n of Corporation of Tallaha	
Tallahassee	_ :			Monroe Stree	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novice (	anstruction Services (LC	
(Name of the Limite)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on $09   03   2019$	and assigned
his amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	[ADDRESS]	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	30X)	
3. If amending the registered agent and/or re gent and/or the new registered office address	gistered office address on our records, enter the name there:	ne of the new regi
Name of New Registered Agent:	Dalou Quintana Torres	i.
New Registered Office Address:	Dala Ountana Torres  2908 Shady Tree Cit  Enter Florida street address	- 0 2 : 0
	Florida Florida	33634 Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	
hereby accept the appointment as registered	agent and agree to act in this capacity. I further a	gree to comply wi

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	Roberto Norded Kinera	8:108 Stridy Tree CH	□Add
		Tampa, FL 33634	⊠Remove
			Change
MGR	Dalou Chintana Torres	8908 Shady Tree Ct	X Add
		Tampa FL 33634	□Remove
			□Change
	<del></del>		□Add
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: It	e date, if other than the date of filing:
rd is file	
Dated _	September 18 2021  Signature of a member or authorized representative of a member
	CHOTIE)
	Dalar Overtava Torres Typed or printed name of signer