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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: NU	- View Const	-ruction 11C.	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Amanda	Este fani Caeta Name of Person	no da Silva.
		Firm/Company	
	413 ANNA S	Address	
	Destin, F	City/State and Zip Code	
		CHION LLC & g mail	
For further information co	oncerning this matter, please ca	ग्री:	
Amanda E. C. Name of	ae Fanw da. Silva. Person	at (850) 460 Area Code Daytime	- 44 // e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4

Nu-View Construc	HON LLC.
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on 04/01/2020 France and assigned
This amendment is submitted to amend the following:	, I
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lime Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
MGR	Amanda Estefani Geta	nodu Silve 413 ANNE ST Destin, FL	
		DESTIN , +L	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Remove
			□ Change

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	(optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3%) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recorrecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	09/01/2020
	Signature of a member or authorized representative of a member
	AMANDA Este Gami CACHANO da Silva. Typed or printed name of signee