

21/06/2021

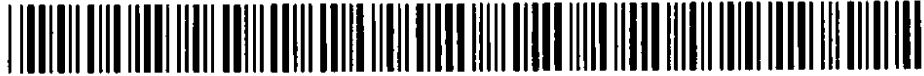
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L21000143955

**Note: Please print this page and use it as a cover sheet.** Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000243432 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: adm@medeirosouza.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NONA HOMES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

RECEIVED

2021 JUN 22 PM 3:52

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2021 JUN 22 AM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

BB 6/23/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NONA HOMES 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:

THAYS KLOPPERS

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

adm@medeirosouza.com

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

2021 JUN 22 AM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Thays Kloppers

407

326-8484

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)

**MailingAddress:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress:**

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

NONA HOMES 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 04/06/2021 and assigned  
Florida document number L21000143955.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

845 N GARLAND AVE STE 100

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32801

**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:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

*City*

Florida 32801

*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**



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**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.

If the record 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 record is filed

Dated ORLANDO 06.21.2021

2

Signature of a member or authorized representative of a member

Ruben Souza

Typed or printed name of signee

**Filing Fee: \$25.00**