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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MEDEIROS SOUZA CORP Account Name

Account Number: I20190000068 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: **

adm@medeirossouza.com Email Address:____

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

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TO:

Registration Section

COVER LETTER

Division of Cor	porations							
NONA HO	MES LLC							
SUBJECT: Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ı					
Please return all correspo	ondence concerning this matter	to the following:						
	Rubem Sousa							
	Name of Person							
	MEDEIROS SOUZA CORP							
	Firm/Company							
	845 N GARLAND AVE, STE 100							
	Address							
	ORLANDO, FL 32801							
		City/State and Zip Code						
	adm@medeirossouza.com E-mail address: (to be used for future annual report no	tification)					
For further information of	oncerning this matter, please c							
Rubem Sousa		407 326-8484						
Name o	f Person	at ()	me Telephone Number					
Enclosed is a check for the	he 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)					
<u>MailingAddress:</u> Registration Section		StreetAddress: Registration Section						
Division of Corporations		Division of Corporations The Centre of Tallahassee						
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa	iny as it now appears on or Liability Company)	ir records.)	<u> </u>		
The Articles of Organization for this Limited Liab Florida document number 1.21000143955		and assigned				
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the		ility company here:				
The new name must be distinguishable and contain the work	ls "Limited Liabi	lity Company," the designat	ion "LLC" or the	abbreviation	n "L.L.C."	
Enter new principal offices address, if applicab	845 N GARLAND AV	/E STE 100				
(Principal office address MUST BE A STREET.		ORLANDO, FL 32801			1	
				S:	202	
Enter new mailing address, if applicable:				CAHA:	ו שני	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>			2011) 	19	177
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our records	s, <u>enter the na</u>	me of the	Ali CO n Corre	gisterec
Name of New Registered Agent:	MEDEIROS SOUZA CORP					
New Registered Office Address:	845 N GARLA	ND AVE, STE 100				
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address					
	ORLANDO		Florida_	32801		
		Ciţy		Zip C	ode	

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 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>	Name	Address	Type of Action
MGR	IVAN SILVA DUARTE	845 N GARLAND AVE, STE 100	≅Ądd
		ORLANDO, FLORIDA 32801	Remove
			□ Change
	<u></u>		□Ądd
			ПŘеточе
			Change
			🗆 Add
			□Remove
			□ Change
			□Ådd
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			□Remove
			□ Change

To: 18506176383