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COVER LETTER

TO: Registration Sec Division of Corp			
	TRUCTION LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	TUAN NGUYEN VU		
		Name of Person	
	TNV CONSTRUCTION L	LC	
	<u></u>	Firm/Company	
	4204 LEONARD ST		
		Address	
	VALRICO, FLORIDA 33	3594	
	tnvconstructionlle@gmail.c	City/State and Zip Code om	-
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	all:	;
TUAN NGUYEN VU		786 328-7497 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Second Division of Core The Centre of T	porations Callahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNV CONSTRUCTION LLC			
(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) cany)	
the Articles of Organization for this Limited L lorida document number 1.22000233976		on <u>05/19/2022</u>	and assigned
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	of the limited liability compa	ny here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbrev	ation "L.L.C."
nter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			
TRITING WAR CO.			
		was add on ton the name of	tha now rouist
 If amending the registered agent and/or gent and/or the new registered office addre 	registered office address on ess here:	our records, enter the name of	the new registr
Name of New Registered Agent:	TUAN NGUYEN VU		
New Registered Office Address:	4204 LEONARD ST		<u></u>
	— En	ter Florida street address	
	VALRICO	, Florida <u>33594</u>	Zip Code
	City		лр Соае

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

118 (784		
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NEYDIS ECHEMENDIA LAFAR		□Add
		4204 LEONARD ST., VALRICO, FLORIDA 33594	X Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
		<u> </u>	□Change
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			□Remove
			□Change

Page 2 of 3

				
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Casting data if other than th	a date of filing:	24	(optional)	
Tective date, if other than the effective date is listed, the date mute: If the date inserted in this becament's effective date on the line of the lin	lock does not meet the applic	cable statutory filing re	han 90 days after filing.) Pursu	ant to 605.020 of be listed a
record specifies a delaye The 90th day after the re	ed effective date, but no cord is filed.	ot an effective time	e, at 12:01 a.m. on th	ie earlier o
ted	2023	7	-	
	<u> </u>	150	and a	
	Signature of a member or auth	iorized representative of a	тетосг	