## L22000291349

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## **COVER LETTER**

TO: Registration Division of C RE: ADDING AUT		, <b>•</b>	
SUBJECT: NV C	ontracting LLC		
SUBJECT.		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Steven Maranz	
		Name of Person	
		NV Contracting LLC	
		Firm/Company	
		2112 Amargo Way	
		Address	
		Naples FL 34119	
		City/State and Zip Code	
		elovecomfort.com to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Steven Maranz		at ( 239 ) 234-433	3
Name	of Person		ne 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)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NV Contracting LLC			
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appe</mark> Liability Company	ars on our records.)	_
The Articles of Organization for this Limited Liability Company Florida document number L22000291349	were filed on _	06/28/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	¥ ~
(Principal office address MUST BE A STREET ADDRESS)			122 122 140 140 140 140 140 140 140 140 140 140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG-2 AM 9: 08
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	<del></del>
		, Florida	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Steven Maranz	2112 Amargo Way, Naples FL 34119	<b>&amp;</b> J Add
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			🗆 Change
			□Add
			□ Remove
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	<del></del>		□Add
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	e date, if other than the date of filing:
ne record ord is file	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 i.
Dated _	8/1/2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	- House Mason Z
	Steven Maran Z  Typed or printed name of signee

Filing Fee: \$25.00