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at alichan

TO: Registration Section Division of Corporations	•
SUBJECT: MEW VILLE COUPT	tauluc
Name of L	imited Liability Company
Please return all correspondence concerning this matter	er to the following:
marquist	Name of Person
	Firm/Company
20447 Ber	rywood lare Tamper Fl Address 33647
	·
For further information concerning this matter, please	call:
marquistia Calin	s 1,813, 804 0509
Name of Person	Area Code Daytime Telephone Number
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Augistration Section	registration section
Division of Corporations	Division of Corporations

rananassee, FL 02014

2413 iv. Monroe Street, Suite 610 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

new vue Capi	tai LLC	2023 MOV 27 PM 5: 10
(Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	nur records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
more social		
The new name must be distinguishable and contain the words	Limited Liability Company," the designa	tion "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. It amending the registered agent and/or registe agent and/or the new registered office address her		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	ect address
		Florida
	Ciţy	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 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
			
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
			□Add
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*****	e date, it other than the date of ruing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuant to 605.02 the date inserted in this plock does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	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
ated _	Nou 20 CG VON
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00