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COVER LETTER

TO:

	Registration Se Division of Cor		,	•
SUBJEC		F & EXTERIOR WASH ELC		
SOBJEC	1	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		FRANCESCO ARCIERI		
			Name of Person	
			Firm/Company	
33024 US HWY 19 NORTH				.
			Address	
		PALM HARBOR,FL 3468		
			City/State and Zip Code	1.3
		francesco@aataxpros.com		<u> </u>
For furthe	r information c	e-mail address: (to be used for future annual report not	neation)
FRANCE	SCO ARCIERI	[727 669-1040	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
	Mailing Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of T	•	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12/28/2022 and assigned Florida document number 1.23000001326

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOVICASA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added by removed from our records:

MGR'≠ AMBR ₹	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		\ \ \ \ \ \ \ \
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f amending any other infor	mation, enter change(s) he	ere: (Attach additional sh	neets, if necessar	y.)
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Effective date, if other than fan effective date is listed, the date	the date of filing:		(optional)	
Fan effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be pri	ior to date of filing or more than licable statutory filing requi	i 90 days after filing. Frements, this date	.) Pursuant to 605.020. will not be listed as
locument's effective date on the			rements, this date	Will Hot be Thice a.
record specifies a delayed effe	ctive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) Th	ne 90th day after the
rd is filed.				
NAV 1	2024			
Dated MAY 1	, 2024			
	/			
	Signature of a member of au	thorized representative of a me	ember	
	Vignasio or agricultural of the	and any appropriate to a line		
FRANCESCO ARC	IERI			

Filing Fee: \$25.00

Typed or printed name of signee