4/19/23, 11:58 AM Division of Corporations (((H23000146080 3)))

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Division of Corporations

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From:

Account Name : PANELL LAW GROUP, LLC

Account Number : I20130000088 Phone : (305)513-8606 Fax Number : (305)513-8605

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: eli@wpolaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOUVEL GLASS LLC

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Page: 3 of 6

2023-04-19 16.07:49 GMT

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From: Eli Panell

| ocuSign Envelope ID: 9D1B6 | E1A-0C8F-4073-92E6-DA7F68B0 | COVER LETTER | | (((H23000146080 3 |
|--------------------------------------|---|---|-------------------|-------------------|
| TO: Registration S Division of Co | | | | ť |
| | GLASS LLC | | | |
| SUBJECT: | Name of Lin | orted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following. | | |
| | ELIEZER PANELL, ESÇ | D. CPA, CFP(r), LL.M | | |
| | | Name of Person | | _ |
| | WERMUTH PANELL & | ORTIZ, PLLC | | |
| | | Firm/Company | | - |
| | 1989 NW 88TH CT, SUF | TE 101 | | |
| | | Address | | _ |
| | DORAL, FL 33172 | | | |
| | eli@wpolaw.com | City/State and Zip Code | | |
| | E-mail address | to be used for future annual report not | lification) | |
| For further information c | oncerning this matter, please c | ยไ | | |
| Eliezer Paneil, Esq., CP/ | A, CFP(r), LL.M | 305 513-8606 | | |
| Name o | r Person | at () | ne Telephone Numb | <u></u> ਦਾ |
| Enclosed is a check for t | ne following amount | | | |
| ■ \$25.00 Fiting Fee | □ \$30 00 Filing Fee & Certificate of Status | S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & |
| | | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 4 of 6 2023-04-19 16:07:49 GMT 13055138605

To:

(((H23000146080 3)))

From: Eli Panell

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF.

| NOUVEL GL. | | |
|--|---------------------------------------|---------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document number 1.23000025073 | cre filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | y company here; | |
| The new name must be distinguishable and contain the words "Limited Liability | Company. The designation "LLC" or the | abbreviation "L.L.C." |
| 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) | | |
| - | | 262 |
| B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: | lress on our records, enter the na | ame of the new registered |
| | | .:3 |
| Name of New Registered Agent: | | ر ب |
| | · | |
| New Registered Office Address: | EnterFloridastreetaddress | _ |
| | , Florida | Ć. Ω |
| | City | Zip Coxle |
| 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 peacept the obligations of my position as registered agent as pro | rformance of my duties, and I ar | n familiar with and |

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 9D186E1A-0C8F-4073-92E6-DA7F68B0DF9D (((H23000146080 3))) in amening Authorized reison(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

To:

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|---|----------------|
| MGR | SOPHIA GONZALEZ BINOLE | 17 Chateau En, Unit 406 | = Add |
| | | Beaver Creek, CO 81620 | □ Remove |
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From; Eli Panell

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| | 4/18/2023 |
| 144165 | David Adea Signature of a member of an ember of an ember |
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Typed or printed name of signee