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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	NEWVUE P	PROPERTY SERV	MCES LLC
	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	David	Gutierrel Name of Person	
		Name of Person	
	Ne	w Vue	
		Eirm/Company	
	191	198 E Country Clu	b Dr
	Aventr	City/State and Zip Code	
		City/State and Zip Code	~
	N-وب E-mail address:	to be used for future annual report notific	ation) P31
For further information of	concerning this matter, please	call:	English
David	Gutherrez	786, 616 -	0575 SSR €
Name o	of Person	tto be used for future annual report notifie call: at (86)616	Felephone Number 1757 8: 20
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration Secti	
Division of C	Corporations	Division of Corpe	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2</u> 3 000 5 3 55 &&	ompany were filed on	2/01/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abh	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
	<u> </u>	() 	7033 DEC
		7	A TI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			= = = = = = = = = = = = = = = = = = = =
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B. If amending the registered agent and/or registered	office address on our reco	າ rds, enter the name	Of the new registe
agent and/or the new registered office address here:		_	-
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida s	street address	
		Florida	
	Ciţ		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
AMBR	David Gutierrez	92 Sw 3rd St Minni F	_ 12/Add
			_ □Remove
			_ □Change
 -			□Add
			_ □Remove
		STO STORY	_ Change
		LAUSSEE, FI	2023 DEC 2 Remover Dec 2 Add Add Remover Dec 2 Add Remover D
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ocument's effective date o	on the Department of	State's records	i.	~ ·		
record specifies a delayed is filed.	effective date, but no	ot an effective t	ime, at 12:01 a.	m, on the earlier	of: (b) The 90t	h day after the
ned wedresda	y December	13 (2)	23)			
		16/				
	Signature of a	memker or auth	orized representa	tive on member	-	