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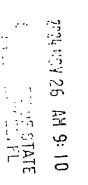
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT. AG SOLAR CLEANING LLC	
SUBJECT: A 6 SOLAR CLEANING LL C Name of Limited Liability C	ompany
The enclosed Articles of Amendment and fee(s) are submitted for film	ng.
Please return all correspondence concerning this matter to the following	ng:
JOSE ALARLON Name of	f Person
Same of Same o	f Person
Firm/Co	ompany
639 MERCADO CI,	<del></del>
KISSIMAE, FL, 3472 City/State ar  JOXEV 1995@GMail. COM E-mail address! (to be used for the	5성 nd Zip Code
joxer 1995@gmail.com	1
For further information concerning this matter, please call:	a Code Daytime Telephone Number
José ALARCON at 1	a Code Daytime Telephone Number
Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	US 9: 10
	Filing Fee &   S60.00 Filing Fee,  ed Copy  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A6 SOLAR CLEANING LL	C	<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/26/2024	and assigned
Florida document number <u>L 2 40001963 52</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NOVAFRAGANCES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "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)	<del></del>	
		<b>.</b>
B. If amending the registered agent and/or registered office	address on our records, <u>enter the na<b>f</b></u>	of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		1
	Enter Florida street address	1 9 L
	, Florida	
<del>-</del>	City	Zıp Cöde =

## 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>	<u>Address</u>	Type of Action
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		- Signature of	a member o	or authorize	d representat	tive of a member	

Filing Fee: \$25.00