L25 000 119 694

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)
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Certified Copies	_ Certificates or	f Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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AGINO CONTRACTION

2025 MAY 29 AM 10: 27

COVER LETTER

ΓΟ: Registration Section Division of Corporations	
SUBJECT: New Vision GROUP Construction LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexandro Fontiedba Lein Name of Person New Vision Group Construction Firm/Company	
1403 3e 24 Ter Address	
Homestean FL 33035 City/State and Zip Code	
New Vision. Construction (Q 41 il . loig E-mail address: (to be used for future annual report politication)	
For further information concerning this matter, please call:	
Ak Jandro Fonticoba Leon at (305) S75 - 9015 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}	
Mailing Address: Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Vision GF	30 P CONSTAUCTION L a trability Company as it now appears on our r A Florida Limited Liability Company)	L.O.
The Articles of Organization for this Limited Lia	ability Company were filed on	and assigned
Florida document number <u>£25 000 119 0</u>	<u>694</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	; ::
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	"LLC" or the abbreviation," L.L.C."
Enter new principal offices address, if applica	ble: N/A	·
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	gistered office address on our records, en here: N/A	
		_, Florida
	City	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
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		1 1403 se 24 Ten Hometead F1 33035	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary:)
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If an eft Note:	ive date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated	05/29/2025
	Simona Ca
	Signature of a member or authorized representative of a member
	AleJAWDRO Fonticoba Leon Typed or printed name of signee