M21000001209

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	5/21
	(Office Use Or	,



300374760483

10/12/21--01936--013 **25.00

2021 NOV -5 AM 8: 55



2021 KC** - 5 - All 8: 04

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2021

JORGE LAFITE 4801 S UNIVERSITY DR 204 FT LAUDERDALE, FL 33328

SUBJECT: NUOVO SECURITY LLC

Ref. Number: M21000007209

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00025450

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section

Divisio	on of Corporations		
SUBJECT:	NUOVO SECURITY LLC		
_	Name of Foreig	n Limited Lial	bility Company
Dear Sir or Ma	adam:		
The enclosed a	application, certificate and fee(s)	are submitted	for filing.
Please return a	all correspondence concerning thi	is matter to the	e following:
JORGE LAFITE	2		
	Name of Person		_
LAFITE LLC			
	Firm/Company		_
4801 S UNIVER	RSITY DR 204		
	Address		
FT LAUDERD	ALE FL 33328		
	City/State and Zip Code		_
MIAMITAXSO	LUCION@GMAIL.COM		
E-mail addr	ess: (to be used for future annual	report notifica	ation)
For further info	ormation concerning this matter.	please call:	
JORGE LAFITE	3	305 at (225 7010
	Name of Person	- \	e & Daytime Telephone Number
Mailing	Address:		Street Address:
	ration Section		Registration Section
	on of Corporations		Division of Corporations
	lox 6327		The Centre of Tallahassee
Tallah	assee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	sed is a check for the following	amount:	
■\$25 Filing F		☐ \$55 Filing	Fee & 🔲 \$60 Filing Fee.
_	Certificate of Status	Certified (·
CR2E055 (9/15)			Settified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

2021 NOV -5 AM 8: 55

State: NUOVO SECURITY LLC Enter new principal office address, if appli	ARAL C LINUVED CITY	7 DR 204	
(Principal office address MUST BE A STREET ADDRESS)	FT LAUDERDALE F	FL 33328	
Enter new mailing address, if applicable: (Mailing address	4801 S UNIVERSITY		
MAY BE A POST OFFICE BOX	FT LAUDERDALE F	£L 33328	
2. The Florida document number of this lin	mited liability company is: M	21000007209	
3. Jurisdiction of its organization: DELAY	WARE		
4. Date authorized to do business in Florid	ia: 05/20/2021		
SECTION II (5-9 complete only the app	licable changes)		
5. New name of the limited liability comp	any:(must contain "Limited Lia	bility Company, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name copy of the written consent of the manager must contain "Limited Liability Company.	s or managing members adopt	nsacting business in Florida and attach a ing the alternate name. The alternate name	
6. If amending the registered agent and/or registered agent and/or the new registered	registered officer address on o office address here:	ur records, enter the name of the new	
Name of New Registered Agent: HLW S	ERVICES LLC		
	4801 CHNIVEDCITY DD 204		
		er Florida Street Address	
	FT LAUDERDALE	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if char I hereby accept the appointment as registe the provisions of all statutes relative to the and accept the obligations of my position adocument is being filed to merely reflect a	red agent and agree to act in t proper and complete perform is registered agent as provided	ance of my duties, and I am familiar with I for in Chapter 605, F.S. Or, if this	

If Changing Registered Agent Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
4GR	HLW SERVICES LLC	5301 SW 38TH AVE	□Add
		FT LAUDERDALE FL 33312	= Remo
AMBR CYBERTIC INVESTMENT CORF	CYBERTIC INVESTMENT CORI	5301 SW 38TH AVE	
		FT LAUDERDALE FL 33312	=Remo
AMBR CYBERTIC INVESTMENT CORI	4801 S UNIVERSITY DR 204	■Add	
	FT LAUDERDALE FL 33328	□Remo	
		\BAdd	
		□Remo	
		□Add	
			□Remo

Filing Fee: \$25.00