

Florida Department of State

Division of Corporations Public Access System

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MAR - 6 2009

3/5/2009 12:41 PM

FAX NO. :3052201440

Mar. 05 2009 03:38PM P2

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVO REMOD (Name of the Limited Lin (A F)	ELINO ablity Company as lorida Limited Liability	L DES	iGN, LO	LC_	
The Articles of Organization for this Limited Liabi Florida document number <u>LOBOCO</u>	lity Company were:		_		med
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability co	ompany bere:			
The new name must be distinguishable and end with th		bility Company	," the designation	"LLC" or the ab	breviation 9
Enter new principal offices address, if applicable			• • • •	<u>\$</u>	
Principal office address MUST BE A STREET ADDRESS)				<u>5</u>	
	··			OF STA E. FLORI	<u>-</u> -
Inter new mailing address, if applicable:				Ş#	67-
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	**************************************		·	
1. If amending the registered agent and/or registered agent and/or the new registered office	address here:		.^		.,
Name of New Registered Agent:	WILF	KED 0	NOVO	2	
New Registered Office Address:	1305	SW	90 AV	E	
Name of New Registered Agent: WILFREDO NOVO New Registered Office Address: 1305 Sw 90 Av (Enter Florida street a Miami, Florida (City)					,
_	$M_{1}a$	m1	, Florida	<i>331</i> 74	<u>/</u>
	(Cit)	<i>)</i>)		(Zip Code)	
lew Registored Agent's Signature, if changing Regi	stered Agont;				

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

(If Changing Registered Agent, Siventure of New Registered Agent)

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f amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager r Managing Member being added or removed from our records:

AGR = Manager AGRM = Managing Member

<u>Ttle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>1GRM</u>	VIVIAN	VALDIVIA	Add Fill Remove
_,, -,			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Remove
D. If amen	ding any other informatio	n, enter change(s) here: (Attach additional sheets	
			FILED 09 MAR -5 AM 8: 2 SECRETARY OF STATIONAL AHASSEE, FLORID
Dated/	1Arch 5	2008.	H &: 26 F STATE FLORIDA
		VIVIAN VAIDIVIA Typed or printed name of signee	bet

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