

L10000054670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

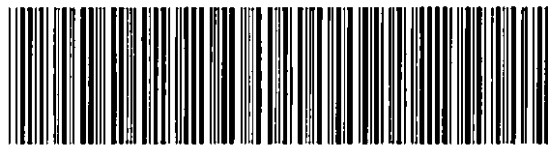
(Document Number)

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23 AUG - 7 AM 10: 23
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NOVALIS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing

Please return all correspondence concerning this matter to the following

NICOLETTE GUDKNECHT, ESQ.

Name of Person

DOROT & BENSIMON PL.

Firm Company

20295 NE 29TH PL, STF 201

Address

AVENTURA, FL 33180

City, State and Zip Code

CORPORATE@DORBENCO.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLETTE GUDKNECHT, ESQ.

305 921-9421

305 (Area Code)

921-9421 (Daytime Telephone Number)

Name of Person

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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

UB

FILED
23 AUG - 7 AM 10:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NOVALIS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/20/2010 and assigned Florida document number L10000054670.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, 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 Changing Registered Agent, Signature of New Registered Agent

LR

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>	<u>Type of Action</u>
MGR	MARCEL LAIK	5700 W PEPPER TREE CIRCLE	<input type="checkbox"/> Add
		DAVID, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERONIQUE BENTHAMOU	5700 W PEPPER TREE CIRCLE	<input checked="" type="checkbox"/> Add
		DAVID, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

LB

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pursuant to 005 0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 07/31 2023

Signature of a member or authorized representative of a member (Handwritten signature: Benhamou)

VERONIQUE BENHAMOU (Typed or printed name of signer)

Filing Fee: \$25.00