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COVER LETTER

TO: Registration Section Division of Corporations	
	pecialities LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Joanna Novelt 4240 I Mims E-mail address: (to	Bateman Name of Person Specialities Firm/Company Deer ang lankwae Site 27 Address City/State and Zip Code The Dearway of Common of
For further information concerning this matter, please call A concerning this matter, please call Name of Person	1: 386 at (312) 409 - 12-76 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nove Ly Special Hies Le 2023 HOV 27 AM 7:5 (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 $\frac{11-16-22}{1000}$ and assigned
Florida document number 15-80/8935738-4 10/31/2022
L22000465468
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 Yords "Limited Liability Company," the designation "L.L.C."
The new name must be distinguishable and contain the vords "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)
The state of the s
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
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> Ťitle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Remove
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ran e <mark>Note</mark>	tive date, if other than the date of filing:
reco	ord 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 filed.
	/
Date	Nov 20 23
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	-E-mail of a member of additioned representative of a member
	Joanna Bateman Typed or printed name of signee