

Division of Corporations

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M/17000007688

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518) 229-8228
Fax Number : (302) 371-9850

2017 NOV 15 AM 11:16

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jerry@diversifiedcorp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NPVFL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$35.00

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

2017 NOV 15 AM 11:58

FILED

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

FILED
2017 NOV 15 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: NPVFL LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M17000007688

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: SEPTEMBER 07, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Atlas Novel St Pete LLC
(must contain "Limited Liability Company," "LLC." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	ARVIND CHARY	226 FIFTH AVENUE, 2ND FL. NEW YORK, NY 10001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAGER	CHRIS SWEENEY	226 FIFTH AVENUE, 2ND FL. NEW YORK, NY 10001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

s/ Bennat Berger

Signature of the authorized representative

Bennat Berger

Typed or printed name of signee

Filing Fee: \$25.00

2017 NOV 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NPVFL LLC", CHANGING ITS NAME FROM "NPVFL LLC" TO "ATLAS NOVEL ST PETE LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2017, AT 6:13 O`CLOCK P.M.

FILED
2017 NOV 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6534454 8100
SR# 20177060646

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203569357
Date: 11-14-17

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State of Delaware
Secretary of State
Division of Corporations
Delivered 06:13 PM 11/13/2017
FILED 06:13 PM 11/13/2017
SR 2017060666 - File Number 6534454

CERTIFICATE OF AMENDMENT OF
THE CERTIFICATE OF FORMATION OF
NPVFL LLC

under the Limited Liability Company Law of the State of Delaware

(1) The name of the Limited Liability Company (the "LLC") is:
NPVFL LLC

(2) The Certificate of Formation of said LLC was filed with the Delaware Secretary of State on the 6th day of September, 2017.

(3) The following was authorized by a least a majority in interest of the Members entitled to vote thereon.

(a) To amend Paragraph 1 of the Certificate of Formation as to change the name by which the LLC shall be known, as follows:

"(1)" The name of the LLC is:

Atlas Novel St Pete LLC

IN WITNESS WHEREOF, The Undersigned has executed this Certificate of Amendment of NPVFL LLC, this 13th day of November, 2017.

s/ Bennat Berger
Bennat Berger
Authorized Person

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TALLAHASSEE, FLORIDA