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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOVROOZ PROPERT	TIES, LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing
Please return all correspondence concerning this matter	-
BOMA	N K. NAJMI
BHS	Name of Person
	Firm/Company
6 5	EDG-WICK LANE
ROCK	VILLE MD 20852
	City/State and Zip Code J99@VERIZON·NET
E-mail address: For further information concerning this matter, please of	(to be used for future annual report notification)
BOMAN K. NAJMI	at (443) 983 - 1230 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 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	STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVILOUZ PC	OPERILES, CC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 5-15-2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6 SEDGWICK LANE
(Principal office address MUST BE A STREET ADDRESS)	ROCKVILLE MD 20852
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5ECRI ALLA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	IC: 40 STATE LORIDA
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City 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

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>	Address	Type of Action
MGR	FARHANG J. NAJMI	296 Mcguiness Blud BROWLYN NY 11222	∭ Add
			Remove
			Change
MGR	FARIBORZ J. NATML	7301 178# Street FLUSHING NY 11366	Add
			Remove
			Change
		<u> </u>	
			□ Remove
			Change
			Add
			Remove
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			🗖 Add
			Remove
			Change
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Effective date, if other than the date of filing: OLTOBE If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e of filing or more that	n 90 days after filing	.) Pursuant to 605.020
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	effective time,	at 12:01 a.m.	on the earlier o
Dated OCTOBER 4 2019			
Boman K. Nign			
Signature of a member of authorized BOMAN M. NAJA		iemnet	

Page 3 of 3

Filing Fee: \$25.00