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S. HAWKES

MAR 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:	OVA GROUP (Name of Limi	LLC ited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspond	dence concerning this matter	to the following:			
	Mujdo	A GULER (Name of Person)	<u></u>		
	NOVA	GBOUP LLC (Firm/Company)	. <u>. </u>		
	121 5.	ORANGE AUE, #	£/230_		
	ORLAND	City/State and Zip Code)			
For further information concerning this matter, please call:					
Denisie (Name of	Wison Person)	at (<u>467)</u> 413 – 93 (Area Code & Daytime Te	elephone Number)		
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA A	DAN LLC	
(Name of the Limited Li (A Fl	ability Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabs Florida document number <u>L090000 209</u>	ility Company were filed on $3/3$.	/09 Sand assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flo	orida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Charles Seymour Smith Add ☐ Remove 🗖 Remove 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 18 Signature of a member or authorized representative of a member Mujdat Guler
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00