## 110000026759

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500275837105

08/11/15--01022--021 \*\*25.00

FILED

SECRETARS YES, FLORIDA

SECRETARS YES, FLORIDA

## **COVER LETTER**

	on Section f Corporations
SUBJECT:	M NOVO INVESTMENTS, LLC
	Name of Limited Liability Company
The enclosed Art	es of Amendment and fee(s) are submitted for filing.
Please return all o	respondence concerning this matter to the following:
	DEBORAH M. MARTIN  Name of Person
	MARTIN LAW PA Firm/Company
	Firm/Company
	6025 CORAI Way
	Address
	LOZS CORAL WAY  Address  Miami, Fl 33155  City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further infor	ation concerning this matter, please call:
MAGG	VE ROSA at (786) 615-7149  Name of Person Area Code Daytime Telephone Number
Enclosed is a che	k for the following amount:
□ \$25,00 Filin	Gee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$  \[ \Bigcup \$55.00 \text{ Filing Fee & Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \]  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \text{ Filing Fee, Certificate of Status}\$  \[ \Bigcup \$60.00 \tex

MAILING ADDRESS:

`;

TO:

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

MNOVO INVESTMENTS 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 Compan	Liability Company were filed on March 10, 2017 and assigned			
Florida document number <u>L10000026759</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		70 Th		
		-0		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		98 =		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eet address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>			

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		□ Add
	,		Remove
			Change
<u></u>	1		□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		<del></del>	Change
			☐ Remove
			□ Change
<del></del>			TEST OF T
			Remove Process
			Change C
			⇒ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

CHAN	GING TH	K Mar	saging	Membe	rs both
,	,		<del></del>	************	
Ecos	sto Que	irnz a	nd Podi	ino Cosar Ri	beino de Casi
	-10 -100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	19- 18- 17	peno de cedi
	<b>-</b>	AZMANA	CARC		
	<u></u>	MANA	<del>50</del> 65	<del></del>	
<del></del>		····			
		· · · · · · · · · · · · · · · · · · ·			
	r				
		***************************************			
· · · · · · · · · · · · · · · · · · ·					
		<del></del>			
				·	
ective date, if oth	er than the date	of filing:		(0	optional)
effective date is liste	d, the date must be sp	pecific and cannot b		ng or more than 90 days	after filing.) Pursuant to 605, this date will not be list
	date on the Departn				•
racard enacifie	n a dalayad affe	activa data h	ut not an offe	stive time at 12:0	21 a.m. on the earli
	ter the record i		ut not an enec	.cive cilie, at 12.0	01 a.m. on the earli
<b>A.</b>		<b></b>			
ed Augus	T	20	12	1	15 A SEC FALL
		2	> /	1 . ,	AUG CRET LAH/
**************************************	Signa	ature of a member of	or authorized repres	entative of a member	· S —
				<b>\</b> /	FF. FLORI

Page 3 of 3

Filing Fee: \$25.00