

#L10000048682

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FILED
11 SEP 26 PM 4:14
OFFICE OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 27 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVAVIDA CONSULTANTS, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOVANNY CRUZ
Name of Person

NOVAVIDA CONSULTANTS, LLC.
Firm/Company

6187 NW 167TH STREET H24
Address

MIAMI, FL. 33015
City/State and Zip Code

NOVAVIDA CONSULTANTS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOVANNY CRUZ at (305) 409-9967
Name of Person Area Code & Daytime Telephone 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

NOVAVIDA CONSULTANTS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
11 SEP 26 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/25/10 and assigned
Florida document number 110000048682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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:

JOVANNY CRUZ

New Registered Office Address:

6187 NW 16TH STREET H24

Enter Florida street address

MIAMI

Florida

FL 33015

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.

X
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL HIDALGO	6187 NW 167 ST. H24 MIAMI FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EDDIE DEAN	6187 NW 167 ST H24 MIAMI FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SERGE MESIAS	6187 NW 167 ST H24 MIAMI FL 33015	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOT APPLICABLE

Dated

9/20/11

Signature of a member or authorized representative of a member

JOHNNY CRUZ

Typed or printed name of signee