L11000086518

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SECRETARY OF STATE
SECRE

COVER LETTER

TO:	Registration S Division of Co	Section orporations		
CUDIE		ING GROUP LLC		
SUBJE	.C1:	Name of Lin	nited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	condence concerning this matter	to the following:	
		SUSAN AFSHARI		
			Name of Person	-
		NOVA KING GROUP LI	C	
			Firm/Company	
		26 AMSDEN ROAD		
	Address			
		ORMOND BEACH F 321	176	
			City/State and Zip Code	
		SLANEY@SONYALANE		
For furt	her information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	20
SONY	A LANEY		386 761-8500 at ()	Telephone Number
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for	the following amount:		最高 5
\$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)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA KING GROUP LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number L11000086518	ility Company were filed on 07/27/2011	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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 offic	registered office address on our records, e address here:	enter the name of the hev
		2 E
Name of New Registered Agent:		P 2
New Registered Office Address:	Enter Florida street address	- 5
	. Flor	-ida
•	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANA AFSHARI	26 AMSDEN ROAD	■ Add
		ORMOND BEACH FL 32176	☐ Remove
			☐ Change
MGR	SARA M. AFSHARI	26 AMSDEN ROAD	= Add
		ORMOND BEACH FL 32176	☐ Remove
		<u> </u>	Change
			Remove
			☐ Change
			Add:
		<u></u>	FILED Reflect 12: 42
			2: 42
			Remove
			□ Change
			Add
			☐ Remove
			Change

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an errecu	ive date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
an enecu ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
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