L12000034692

Office Use Only



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09/21/12--01036--004 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 4 2012

EXAMINER

COVER LETTER

	ion Section f Corporations	
SUBJECT:	NOVA S	STATION, LLC
		ted Liability Company
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.
Please return all co	rrespondence concerning this matter	to the following:
	ES	SFANDIAR MEHRDAD Name of Person
		Name of rerson
		IOVA STATION, LLC Firm/Company
		9 PITTMAN DRIVE Address
	PA	LM COAST, FL 32164
		City/State and Zip Code
		MEHRDAD@YMAIL.COM to be used for future annual report notification)
For further informa	tion concerning this matter, please c	all:
	ANE WEBBER, CPA	at (<u>386</u>) 445-4997
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
R D P	AAILING ADDRESS: egistration Section bivision of Corporations O. Box 6327 fallahassee, 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 DIVISION OF CORPORATIONS **OF**

FILED

2012 SEP 21 PM 1: 08

NOVA ST	PATION, LLC pany as it now appears on our records.) ed Liability Company)	·		
(A Florida Limit	ed Liability Company)			
The Articles of Organization for this Limited Liability Comp	any were filed onMarch 12, 2012	and assigned		
Florida document number <u>L12000034692</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	9 PITTMAN DRIVE	9 PITTMAN DRIVE		
(Principal office address MUST BE A STREET ADDRESS	PALM COAST, FL 32164			
Enter new mailing address, if applicable:	9 PITTMAN DRIVE			
(Mailing address MAY BE A POST OFFICE BOX)	PALM COAST, FL 32164			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the nev		
registered agent and/or the new registered office ageness	iller C.			
Name of New Registered Agent: ESFAND	IAR MEHRDAD			
New Registered Office Address: 9 PITTM	AN DRIVE Enter Florida street add	drace		
		32164		
	PALM COAST, 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

For 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 **Title** Name **Address Type of Action** MGR **EDIT OROSZ 9 PITTMAN DRIVE** ✓ Add PALM COAST, FL 32164 ☐ Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Dated September Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00