## 112000034692

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300306767193

12/21/17--01012--017 \*\*30.00

17 DEC 20 MH H: 50



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Esfandiar Mehrdad
Mova Station, LLC Firm/Company
9 Pittman Dr
Palm Coast, FC 32164
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:  ### Estandiar Mehrdad  Name of Person    Palm Coast Firm Company
For further information concerning this matter, please call:
Esfandiar Mehrdad a1,386, 569-8815
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
· ·

MAILING ADDRESS:

**4.** \*\*\*

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	Station . L	<u>.</u> (	
( <u>Name of the Limited Liab</u> (A Flor	ollity Company as it now appears on o ida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000346</u>		112 2012 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:	17	IALI 38
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "LL	
Enter new principal offices address, if applicable:		ره د	<u> </u>
(Principal office address MUST BE A STREET ADI	ORESS)	<u>A</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		energe	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet address	<del></del>
		, 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 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edit Orosz	9 Pittman Dr	
		9 Pittman Dr Palm Coast, FL 32	164 Bremove
			Change
<del></del>			
			Remove
			Change
	<del></del>		Add
			Remove
		-	Change
			Remove
			Change
			Add
			Remove
			Change
<del>7</del>			Add
			□ Remove

ı		-		<del></del> .	<del></del>	
-	<del></del>					
	·					
			<del></del> -			7 0EG
		<u></u>	<del></del>			020
	<del></del>	-				Āri :
	<u></u>			==		<del>.</del> .
<del></del>		<del></del>	<del>-</del> -	<del></del>		
-					<del></del>	
					<del>-</del>	
				<del></del>		<del>_</del> ~_
	<del></del> -					<del></del>
	<del></del>		···			<del></del>
					-	
ffective date, if other than the date must ote: If the date inserted in this blo occument's effective date on the De	ck does not mee	t the applicable	ate of filing or mon statutory filing r	(opt e than 90 days after requirements, th	ional) er filing.) Pursuant is date will not b	to 605.0207 ( e listed as tl
record specifies a delayed The 90th day after the reco	effective dat rd is filed.	e, but not ar	n effective tin	ne, at 12:01	a.m. on the $\epsilon$	earlier of:
nted <u>December</u>	<u>c</u>	2017.				
$M \sim N$	<b>&gt;</b>		I representative of			

Page 3 of 3

Filing Fee: \$25.00