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SECRETARY OF STATE
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J. BRYAN

JUL 1 1 2012

EXAMINER



Thursday, July 05, 2012

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 TALLANASSEE, FLORIDA

Dear Sirs,

Please find enclosed amendment to Nova Black LLC Registration Document.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Neil Noden – Authorized Representative

Director

MyTaxAdvisorOnline LLC

Date: 7/5/2012

MyTaxAdvisorOnline LLC

PO Box 448, Greenlawn, NY, 11740

Tel: 631-350-1965

Fax: 631-350-1520 Web: MyTaxAdvisorOnline.Com

Email: Enquiries@MyTaxAdvisorOnline.Com

COVER LETTER

Division of Co	orporations			
CUDIECT.	NOVA	A BLACK LLC		
SUBJECT:		ited Liability Company		
		,		FILE MIL: 35
				超され
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		到戶一
Please return all corresr	ondence concerning this matte	r to the following:		5 T
	5			SCO
		Neil Noden		ين ڇُو
		Name of Person		最而 3.
MyTaxAdvisorOnline LLC				,
Firm/Company				
		, ,		
PO Box 448				
		Address	,	•
Greenlawn, NY 11740				•
City/State and Zip Code				
	neil.node	en@mytaxadvisoronline.co to be used for future annual report noti	(Ication)	
•		·	Поддолу	
For further information	concerning this matter, please	call:		
	Neil Noden	. 624 .	350 1965	
	Neil Noden at (631) 350 1965 Name of Person Area Code & Daytime Telephone Numb			
			-	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fil	•
	Certificate of Status	Certified Copy (additional copy is enclose		ate of Status &
		(additional copy is enclose		nal copy is enclosed)

MAILING ADDRESS: Registration Section

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

NOVA B	LACK LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears Liability Company)	on our records.		
(A t fortula Ellillia	i clability company)			
The Articles of Organization for this Limited Liability Compa	ny were filed on	4/23/2012	and assigned	
Florida document numberL12000054526				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	.*		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compan	y," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	300	
Enternant mailing address if annihilation			題って	
Enter new mailing address, if applicable:			SS TO	
(Mailing address MAY BE A POST OFFICE BOX)			10 E	
			35	
B. If amending the registered agent and/or registered	office address on o	ur records, enter 1		
registered agent and/or the new registered office address h		, <u></u>		
Name of New Registered Agent:		······································		
New Registered Office Address:	 	***	3	
	Ente	Enter Florida street address		
	City	, Florida	7in Code	
	(<i>(1</i> 7)		IIN L (VIP	

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title Name Address Type of Action MGR Neil Noden C/O MyTaxAdvisorOnline LLC |₹| Add PO Box 448 Remove Greenlawn, NY 11740 ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 5th 2012 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Neil Noden

Filing Fee: \$25.00