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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : FASTKIT CORP

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Phone : (305)599-0839

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	•
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVUS MANAGEMENT, LLC

Certificate of Status	0
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T. LEMIEUX

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Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVUS MANAGEMENT, LLC		
(Name of the Limit	ed Liability Company as it now and (A Florida Limited Liability Compan	ears on pur records.)
The Articles of Organization for this Limited Li Florida document number L12000073589	ability Company were filed on	06/01/2012 and assigned
This amendment is submitted to amend the follow	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on ou s here:	r records, enter the name of the new registered
Name of New Registered Agent:	CARLOS DUARTE	<u> </u>
New Registered Office Address:	4029 NW 25TH STREET	
1000	Enter	Florida street address
	MIAMI	, Florids 33142
	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 of removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
President	CARLOS DUARTE	4029 NW 25TH STREET	BAdd
		MIAMI, FL 33142	□ Remove
			Change
VP SOPHIA DUARTE	4029 NW 25TH STREET	≅Add	
	MIAMI, FL 33142	□Remove	
		Change	
President ANTIGUA, YUBELKIS	4029 NW 25TH STREET	□Add	
	MIAMI, FL 33142	=Remove	
		□Add	
		□Remove	
		Change	
			DAdd
		Remove	
		Change	
			□Add
•			□Remove
			Change

ii aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	Juna 15 2022
	Signature of a member or authorized representative of a member Carlos Duarte Typed or printed name of signee

Filing Fee: \$25.00