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TO:	Registration Se Division of Cor		** A	*6 (· % (2
		Novatar	Services LLC		
SCHOLCI.			ted Liability Company		_
		•			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		·
Please	return all correspo	ondence concerning this matter	to the following:	•	
			•		
			Wayne Tope		
			Name of Person		
		N	lovatar Services LLC		
			Firm/Company	, , , , , , , , , , , , , , , , , , , ,	
		3433 L	ithia Pinecrest Road #3	360	
			Address		
			Valrico, FL 33596	•	
		The same and seconds. Additional	City/State and Zip Code	,	
			office@highvip.com		
		·	o be used for future annual report	notification)	
For fu	rther information o	concerning this matter, please c	all:		
	W	/ayne Tope	at (813)	841-0268	
Name of Person		Area Code & Daytime Telephone Number			
Enclos	sed is a check for t	he following amount:			
₹ \$25	5.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Cer losed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/CO Registration S	URIER ADDRES	SS:	
		Division of Corporations			

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novatar Se		ls.) ·	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	::E)	
The Articles of Organization for this Limited Liability Company	were filed on August 16, 2	2012 and assigned	
Florida document numberL12000105910			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3433 Lithia Pinecrest Road #360		
(Principal office address MUST BE A STREET ADDRESS)	Valrico, Florida 33596	TECRET C	
Enter new mailing address, if applicable:	3433 Lithia Pinecrest Roa	ASSES 59 FT and #360 32 FT	
(Mailing address MAY BE A POST OFFICE BOX)	Valrico, Florida 33596	D STATE	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida stro	eet address	
	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

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 <u>Title</u> Name 1 <u>Address</u> **Type of Action MGMR** Kenneth W Tope 3433 Lithia Pinecrest Road #360 ☐ Add Remove Valrico, FL 33596 Patricia A Tope MGMR 3433 Lithia Pinecrest Road #360 Remove Valrico, Florida 33596 MGMR Theonomics LLC ✓ Add 848 North Rainbow Blvd #2017 Remove Las Vegas Nevada 89107 ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 17 2012 Dated ___ enature of a member or authorized representative of a member Kenneth Wayne Tope Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00