L12000134958

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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FILED 2020 NOV 24 PH 1: 27

1/11/21

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
	SETNOVA	INDUSTRIES LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Juan Ardila		
			Name of Person	
	SETNOVA INDUSTRIES LLC Firm/Company			
		Name of Person SETNOVA INDUSTRIES LLC		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami/FL 33145		
			City/State and Zip Code	
				ification)
For further in	nformation c	oncerning this matter, please ca	all:	
Juan Ardila			954 673-1207 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	n check for th	he following amount:		
□ \$25.00 f	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Se	ection
		Corporations	Division of Co	rporations
P.C	D. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SETNOVA INDUSTRIES LLC		
Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/23/2012	and assigned
lorida document number L12000134958		
his amendment is submitted to amend the following:		2021
. If amending name, <u>enter the new name of the limited li</u>		or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.CT
Inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		2
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter t</u> l	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
_ 	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Israel Gonzalez	2499 SW 34th Ave, Miami FL 33145	≣Add
			□Remove
			□Change
			□Add
			Remove
			2026 Change
			BAUT
			— ≟ □ — □Remove
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Filing Fee: \$25.00