1500035724

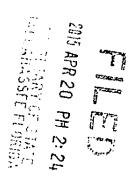
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Phi 5 8 July

COVER LETTER

TO: Registration Se Division of Corp			
NOVUM,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DOUGLAS M KLING	DWSKI	
		Name of Person	
	NOVUM, LLC		
		Firm/Company	
	3152 LITTLE ROAD	, STE. 146	
		Address	
	TRINITY, FL 34655		
		City/State and Zip Code	
		SKI@TRUSTEDSENIORCARE to be used for future annual report notification	
For further information of	oncerning this matter, please or		.,,
DOUGLAS M KLIN		407 319-4427	
Name of	f Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for th	ne following amount:		APR 20
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	NIG ADDRESS		

MAILING ADDRESS:

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

NOVUM, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number <u>L15000035724</u>	pany were filed on 02/26/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		20
New Registered Office Address:		
	Enter Florida street address	77 2 11

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARC FLORES	355 VAT ROAD	■ Add
		OSTEEN, FL 32764	□ Remove
MGR	JEANETTE L BALTZLY	355 VAT ROAD	■ Add
		OSTEEN, FL 32764	□ Remove
			Add
			□ Remove
			□ Add
			□ Remove
			APPR 20 Addo
			Remove 2
 			□ Add
			□ Remove

is amending any other informat	ion, enter change(s) here: (Attach ad	autonai sneets, ij necessary.)
,	,	
Effective date, if other than the The effective date must be specific, cannot the date this document is filed by the Flo	ot be prior to date of receipt or filed date and can	(optional)
Dated	2015	
4	Inda-	
	Signature of a member or authorized representa	ative of a member
DOUGLAS'M KLIN	IOWSKI, AMBR	
	Typed or printed name of signs	

Page 3 of 3

Filing Fee: \$25.00

