

L17000015796

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRN DEVELOPMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prabhakara Rao Pothuraju

Name of Person

TRN DEVELOPMENTS LLC

Firm/Company

11337 CENTER LAKE DR, Suite 3106

Address

WINTER MERE, FL 34786

City/State and Zip Code

nypatrao@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Prabhakara Rao Pothuraju

Name of Person

321 946-9488

at ( ) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRN DEVELOPMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SEARCHED  
INDEXED  
FILED  
OCT 20 2017  
FLORIDA  
CORPORATION  
COMMISSION  
RECORDS  
838

The Articles of Organization for this Limited Liability Company were filed on 01/20/2017  
Florida document number L17000015796

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Nova Labs LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

11337 CENTER LAKE DR STE 3106

(Principal office address MUST BE A STREET ADDRESS)

WINDERMERE, FL 34786

**Enter new mailing address, if applicable:**

11337 CENTER LAKE DR STE 3106

(Mailing address MAY BE A POST OFFICE BOX)

WINDERMERE, FL 34786

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Prabhakara Rao Pothuraju

New Registered Office Address:

11337 CENTER LAKE DR STE 3106

*Enter Florida street address*

WINDERMERE

Florida

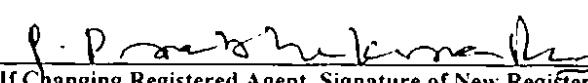
34786

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 revisions 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 or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Prabhakara Rao Pothuraju	11337 CENTER LAKE DR STE 3106	<input checked="" type="checkbox"/> Add
		WINTER MERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ahobala Pothuraju Rao	11337 CENTER LAKE DR STE 3106	<input checked="" type="checkbox"/> Add
		WINTER MERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	US Premium Plastics LLC	3235 Emmons Avenue, STE 315	<input type="checkbox"/> Add
		Brooklyn, New York, 11235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PYX LLC	11301 Center Lake DR, STE 1106	<input type="checkbox"/> Add
		WINTER MERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f the record 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 record is filed.

Dated October 1 2020

2020

Signature of a member or authorized representative of a member

Prabhakara Rao Pothuraju

Typed or printed name of signee