	ase print this page and use it as a cover sheet. Type the fax and below) on the top and bottom of all pages of the documen	nit number (shown it.
	(((H18000151123_3)))	
1181	unan kian merupakin kana bana bana merupakin menupakin kina kina kina kina kina kina kina	A LIN NAAIK INGA
Note: DO) NOT hit the REFRESH/RELOAD button on your browser from so will generate another cover sheet.	n this page. Doing
···· · ··· ···	so will generate another cover sheet.	· · · · · · · · · · · · · · · · · · ·
To:	Division of Corporations Fax Number : (850)617-6383	
From:		
	Account Name : LAZARUS CORPORATE TILING-SERVICE, INC. Account Number : 120000000019	<u></u>
	Phone : (305)552-5973	2 2 7
	Fax Number : (305)675-5944	
	Fax Number : (305)675-5944	BHAY POESAR
**Ent	ter the email address for this business entity to be used	DIVISION IS DIVISION IS DIVISIONI IS DIN
**Ent		DEPARTMENT OF DIVISION DEPARTMENT OF DIVISION DEPARTMENT OF TALLAND SCENT
**Em	ter the email address for this business entity to be used annual report mailings. Enter only one email address play	PHAY IS PH 4:
**Em	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address:	PH 4: HS
**En1	ter the email address for this business entity to be used annual report mailings. Enter only one email address ples Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES	PH 4: HS
**En1	ter the email address for this business entity to be used annual report mailings. Enter only one email address ple: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC	PH 4: HS
	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC	PH 4: HS
K. SALY	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC Certificate of Status 0	SIGN 1AL
K. SALY	ter the email address for this business entity to be used annual report mailings. Enter only one email address ple: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC Certificate of Status Certificate of Status 0 Certified Copy 0	SIGN
	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC Certificate of Status 0 Certified Copy 0 Page Count 04	PH 4: 5 18 MAY 15 SEE FLORE I ANY 15 SECRETARY 1 ALL MASSES
K. SALY	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC Certificate of Status 0 Certified Copy 0 Page Count 04	SIGN INLINUS
K. SALY	ter the email address for this business entity to be used annual report mailings. Enter only one email address pla: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RES SEBASTIANO NOVEK, LLC Certificate of Status 0 Certified Copy 0 Page Count 04	PH 4: 5 IGN 18 MAY 15 SEE FLOOR I ALL SUCCETARY OF I ALL SUCCETARY OF

· 05/15/201	6 15 28	3052201440	LAZARUS CORPORATE	PAGE 02/04
50, 10, 101		•	CLES OF AMENDMENT	FILED 18 MAY 15 AN 11: 12 SECRETARY OF CO
			ТО	Starshing 15 AM II.
		ARTIC	CLES OF ORGANIZATION OF	SECRETARY OF STATE TAIL LANASSEE, FLORIDA
	SEBAST	IANO NOVEK, LLC		
			Liability Company as it now appears on our recon Florida Limited Liability Company)	
The Articl	es of Organi:	zation for this Limited Liab	ility Company were filed on FEBRUARY 28	and assigned
Florida do	cument num	ber 117000044292		
		mitted to amend the follow	<u>iv</u> ,	
A. If ame	nding name	, <u>enter the new name of th</u>	ne limited liability company here:	
NOVEK L				
The new nan	ie must be dist	inguishable and contain the word	ls "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			le: 3403 NW 82 AVE SUITE 10	015
(Principal	<u>office a</u> ddre	<u>ss MUST BE A STREET A</u>	ADDRESS) DOR & FL 33122	
Enter new	mailing ad	dress, if applicable:	3403 NW 82 AVE SUITE 10)1J
(Mailing address MAY BE A POST OFFICE BOX)			DORAL FL 33122	
11/2 0000000		<u> </u>		
		registered agent and/or or the new registered offic		ds, <u>enter the name of the new</u>
			15	
<u>N</u>	lame of New	Registered Agent:		
· <u>N</u>	lew Register	ed Office Address:		
			Sinter Florida street addr	255
				florida
			City ·	Zip Code

I hereby accept the appointment as registered agent and agree to acien this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performing 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

H18000151123

Page 1 of 3

/15/2018	15:28 3052201440	LAZARUS CORPORATE	
lf amending	g Authorized Person(s) authorized	to manage, enter the gitle, name, and	address of each person b
or removed	from our records:	лана <u>на село</u> дија <u>на село</u> дија <u>на село</u> дија <u>на село</u> дија <u>на селоди</u> "Ми	THE WAY THE PLINE DE
MGR = M $AMBR = A$	lanager .uthorized Member	1 <u>%</u>	\backslash
<u>Fitle</u>	Name	Address	Type of Action
	·	<u>117.</u> 	D Add
			C Remove
			Change
			🖸 Add
			Pemove
		·	Fange T
		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	<i>.</i>	<u> </u>	H Remove
			Change
······			🖸 Add
			C Remove
	•		Change
			🖸 Add
			Remove
		<u> </u>	Change
			Adđ
			Remove
		·	Change
		2	

2018 15:28 30)52201 440		LHZP	RUS CORPORA	· 		
amending any other i	nformation, enter c	hange(s) b	ere: <i>(Atta</i>	ach additional s	heets, if nee	cessary.)	
N/A	·····		<u> </u>				``````````````````````````````````````
					,		
<u> </u>				<u> </u>			
		· · ·		· · · ·		E B	· ·
							<u>E</u>
							Ja-m
				·		<u> </u>	3 C
						SS	<u>:</u>
				.)			する
	<u></u>			•			
	<u> </u>						·
			- -	<u> </u>			
							
		·					,
<u> </u>	<u> </u>		_	· · · · · · · · · · · · · · · · · · ·			
		<i>,</i> .					
fective date, if other the n effective date is listed, the	e date must be specific and	i cannot be p	rior to date of	f filling or more the	in 90 days afte	ional) er filing.) Pursua	nt to 605.020
te: If the date inserted in cument's effective date of	in this block does not n on the Department of S	neet the app state's recor	licable sta ds.	tuto y filing requ	irements, th	is date will no	t be listed a:
record specifies a c The 90th day after t	delayed effective of the record is filed.	late, but	not an e	ifective time,	at 12:01	a.m. on the	e earlier o
						•	
ted		,	·				
,	1 KM B	N	1A				
	Signature of a	member or a	unhorized re	presentative of a m	nember		
	•						
SEBASTIANO) ALBERTO MARIA I	NOVEK					
SEBASTIANO) ALBERTO MARIA		rinted name	of signee			·
SEBASTIANO) ALBERTO MARIA	Typed or p			<u> </u>		
SEBASTIANO) ALBERTO MARIA	Typed or p	ninted name	3	<u> </u>		~

1

-9. 2.3 ·

. '