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COVER LETTER

TO: Registration S Division of Co		:	
Novel Mas SUBJECT:	ters LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julie Tyler Ruiz PHD		
		Name of Person	
	Novel Masters		
		Firm/Company	
	1800 N Bayshore Drive, A	ърт 2009	
		Address	
	Miami, FL 33132		
	jjbtyler@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Julie Tyler Ruiz		706 962-2140 at ()	
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Novel Masters LLC		
(<u>Name of the Limited</u> ()	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
	bility Company were filed on February 5, 2018	and assigned
Florida document number L18000031265		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Julie Tyler Ruiz Consulting LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		₹ ≈
		124
Enter new mailing address, if applicable:		APR 7
(Mailing address MAY BE A POST OFFICE BO	OX)	55 F
		P In
		ω 💯
B. If amending the registered agent and/or reg	istered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address	here:	.0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	Carlos Ruiz	1800 N Bayshore Drive, Apt 2009, Miami, FL 33132	? ■ Add
			□Remove
		-	□Change
			🗆 Add
			□Remove
			_ □Change
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	Dated April 7	2024
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Filing Fee: \$25.00