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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	NOVUSLIN	ELLC		
		Name of Limi	ited Liability Company	
The enclos	ed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		DANIELABAKIISTA		
		Dath	Name of Person	
			Firm/Company	
		9967 NW 10TH TERR		
			Address	
		MIAMI FL 33172		
			City/State and Zip Code	
		briceno.daniel1@gmail.com	to be used for future annual report notifi	
For further	information co	ncerning this matter, please ca		cation)
DANIELA	A BAPTISTA		201 6743895 at ()	
	Name of	Person		Telephone Number
Enclosed is	s a check for the	e following amount:		
□ \$25.00	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)

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

TO ARTICLES OF ORGANIZATION OF

NOVUSLINE LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	<u>ds.</u>)	
I TOWWY AND SE	Liability Company w	ere filed on	and ass	igned
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 contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.	L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)				9
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	33.4
			ס־	24.
Inter new mailing address, if applicable:				_₹ <u>₩</u>
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Matting data ess WAT BE A LOST OFFICE	<u> </u>		7:	- \$1 5.
	-		0	2,
		ce address on our record	ds, enter the name	of the
Name of New Registered Agent:	LORENSO A CALDERARO			
New Registered Office Address:	10350 SW 11TH	ST		
		Enter Florida street addre	255	· · ,
	MIAMI	. F	lorida 33174	
		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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JEFFERSON J GRELLYS	4895 ASHLEY LN APT 108	■ Add
		INVER GROVE HEIGHTS	□ Remove
		MN 55077	Change
			Add
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(If an effective Note: I	ctive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	0207 (3)(b d as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
S Dated _	SEPTEMBER 06	
	04	
	Signature of a member or authorized representative of a member	
	DANIELA. BAPTISTA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00