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(Requestor's Name)	
(Address)	600309185066
(Address)	
(City/State/Zip/Phone #)	
PICK-UP 🗍 WAIT 🗌 MAIL	
(Business Entity Name)	02/26/1801041009 **25.00
(Document Number)	
Certified Copies Certificates of Status	
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Office Use Only	



	ARTICLES OF AMENDMENT	
·	TO	
	ARTICLES OF ORGANIZATION	
	OF	
	NOVI PARTS LAPTOPS, LLC	
	( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Or	rganization for this Limited Liability Company were filed on $\frac{02/16/2018}{1000}$	and assigned

Florida document number L18000043329

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 "LLC" or the abbreviation "L.L.C."

### 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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
_	Ciţy	Florida 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

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# 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	<u>Type of Actions</u>
MGR	Virgina Martinez	7311 NW 12th Street Suite 21	🗆 Add
		Miami, FL 33126	Remove
		<u></u>	Change
tGR	Nohelia V. Perez Martinez	7311 NW 12th Street Suite 21	🖬 Add
		Miami, FL 33126	
			Change
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D	If amending	any other	information, ent	ter change(s) here	: (Attach additional	sheets, if necessary.)

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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) <u>Note:</u> 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.

If 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	Februa	y 23rd	2018
-			Galad Sum
			Signature of a member or dithorized representative of a member Rafael E. Sosa
			Typed or printed name of signee
			Page 3 of 3
			Filing Fee: \$25.00