L1800056533

(Requestor's Name)	
(Address)	
((Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
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03/24/18--01033--022 **25.00

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Novel In	Surance, LLC Name of Limi	ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subr	nitted for filing.	
Please return all corresponden	ce concerning this matter t	to the following:	
-	Michael N	Name of Person	
		nce, LLC Firm/Company	
		Address	<u> </u>
_	New Port R	City/Salte and Zip Code	
-	Michael @ No.	vel wealth. Um o be used for future annual report notific	ration)
For further information concer	_	II:	
Michael New Name of Pers	· Come ·	at (<u>727</u>) <u>867 - 2</u> Area Code Daytime	34 3 Telephone Number
Enclosed is a check for the fol	lowing amount:		
X \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novel Insurana, LL	Company as it now appears on our records.) Limited Liability Company)	
(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L1800056533	ompany were filed on $\frac{3/2/18}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	13.8 8 NSISTA NSISTA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7: <u>13: 13: 1</u>
	<u> </u>	
B. If amending the registered agent and/or register		enter the name of the nev
registered agent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Спу	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

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
<u>(ED</u>	Michael Newcomer	6521 Main St.	🗆 Add
		New Port Richey, FL 34653	DKemove
			Change
VP_	Tina Funtaine	6521 Main St	
		New Port Richey, FL 34653	Kemove
			🛘 Change
<u>AMBR</u>	Michael Newcomer	6521 Main St.	XAdd
		New Port Richey, Fl 34653	□ Remove
			Change
MGR	Tina Fontaine	6521 Main St.	_ J Add
		New Part Richey, FL 34653	_□ Remove
			Change
			_D Add
			_□ Kemove
			_□ Change
			_□ Add
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ffective	date, if other tha	n the date of	filing:	be prior to date o	t'filing or more th	(optiona	il) ng Fursuant to 60	5 020
<u>iote:</u> If th	he date inserted in the same of the same o	his block does	not meet the	applicable stat	tutory filing req	uirements, this da	te will not be lis	ted a
	d specifies a del Oth day after the			out not an el	fective time	. at 12:01 a.m	n. on the earli	ier (
\ Dated	September	18	<u>2</u>	<u>013</u> .				
			Ω					

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Typed or printed name of signee

Filing Fee: \$25.00