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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor					
NOVAKP	AK LLC				
SUBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are submitted this matter				
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
		Firm/Company			
	101 N. Brand Blvd., 11t	h Floor		VHVTIVE VJEV AON BIOÈ	
		Address		<u> </u>	٠.
	Glendale, CA 91203			<u>(2.27)</u> (> 2	
		City/State and Zip Code			
	tradewinds.mike13@gma	ill,com to be used for future annual report notific	entices)	AA A	} }
For further information of	concerning this matter, please of			31.40 21.44 5 4	ξ.,
Cheyenne Moseley		800 773-0888 ex	t. 9724	5, 6	
Name :	of Person		Telephone Number	_	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Cor (additional copy	f Status & py	
	ING ADDRESS:	STREET/COURIE			

Registration Section
Division of Corporations P.O. Box 6327 Taliahassec, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NOVAKPAK LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now abocars on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number L18000077021	ere filed on 03/26/2018	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company here:			
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	<u>, 22</u>	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
		<u> </u>	Ó	
		$\mathcal{E}_{\mathcal{E}}^{\mathcal{E}}$	29	· -
Enter new mailing address, if applicable:				4
(Mailing address MAY BE A POST OFFICE BOX)			3	
		'오류	ن و	
		85	£	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enic</u>	r the name	e of the I	ĽŸ
Name of New Registered Agent:				•
New Registered Office Address:				
	Enter Fiorida struet address			
	, Florida _	Zip Cod		•
New Begintered Appent's Signature, if changing Registered Agent:	Cuy	~ p c.m.	•	

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, Signstore of New Registered Agent

Page 1 of 3

MGR - Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	Authorized Member		
Title	Name	<u>Address</u>	Type of Action
AMBR	Grace F. Novak	9333 Klamath Falls Ave	Z Add
		Englewood, Florida 34224	□ Remove
			□ Remove
			2018
			2018 NGV & A
			DE STAND
			Remove
			□ Remove
			Add
			☐ Remove

	done of Gillians (continue)
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the date this document is filed by the FI	orida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

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