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2020 OCT [2 PM 1: 05

NOV 9 2020 M. SOLOMON

COVER LETTER

Division of Co					
4NOVA L	.I.C				
SUBJECT:					
	Name of Lir	nited Liability Company	_		
The enclosed Articles o	f Amendment and fec(s) are sul	emitted for filing			
	ondence concerning this matter				
	GARZON, FABRICIO	•			
	4NOVA LLC	Name of Person			
	444 Brickell Avenue Suite	Firm/Company 428			
	MIAMI, FL 33131	Address		2020 OC	
		City/State and Zip Code		OCT '2 PM 1:	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	ation)	2020 OCT '2 PM 1: 05	
Name o	of Person	at () Area Code Daytime T	elephone Number	_	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y	
Mailing Addres Registration ! Division of C	Section Corporations	Street Address: Registration Secti- Division of Corpo			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroc Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4NOVA LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were lorida document number	e filed on and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
ne new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	20
nter new mailing address, if applicable:	2.10
Lailing address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered office addrent and/or the new registered office address here:	• -
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	PORRAS, CHRISTIAN	444 Brickell Avenue Suite 428	
			🗆 Add
		Miami, FL 33131	≅ n
			Remove
			□ Change
MGR	MUNOZ, TANIA	444 Brickell Avenue Suite 428	
		NC : 171 20101	= Add
		Miami, FL 33131	□ Remove
			□ Change
			-
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			330 Am C
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specifies a delayed effective date, but not an effecti d.	ive time, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after	the
September 25, 20	20.			
Signature of a member or	authorized representative	of a nidmber		
	specifies a delayed effective date, but not an effective d. September 25, 20	ctive date is listed, the date must be specific and cannot be prior to date of filing or motifithe date inserted in this block does not meet the applicable statutory filing ent's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. or ed.	ve date, if other than the date of filing:	ve date, if other than the date of filing:

Filing Fee: \$25.00