## L200000 78808

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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations			
	US DESIGNS, LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	AR	MANDO TORRES		
		Name of Person		
	NOVU	JS DESIGNS, LLC		
Firm/Company				
		6180 NW 2ND ST		
		Address		
		MARGATE, FL 33063		
		City/State and Zip Code	<del></del>	
		ttaxexpress18@gmail.com	······································	
For further informatic	e-mail address: to on concerning this matter, please c	to be used for future annual report noti	nication)	
	ANDO TORRES	305 388 7215		
Name of Person		at ()	ne Telephone Number	
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	rporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVUS DESIGNS,	LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.20000078808}{1.20000078808}$	npany were filed on03/11/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strvet address	
	Flor	rida
	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 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>	Name	Address	Type of Action
AMBR	ARMANDO TORRES		
		6180 NW 2ND ST, MARGATE FL 33063	■Remove
			□Change
		_	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>	_	🗆 🗅 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/24/2024 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) Note: 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 \_\_ Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

ARMANDO TORRES