L20 0000 89964

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

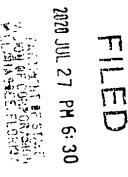


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SEP 1 7 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

	terprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Ginene Sharp		
		Name of Person	
	Novella Enterprises, LLC		
		Firm/Company	
	PO BOX 2008		
		Address	
	Orlando, Florida 32802		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Ginene.Sharp@gmail.com		
		to be used for future annual report notif	heation)
For further information c	oncerning this matter, please c	all:	
Ginene Sharp		407 731-7709 at ()	
Name of Person Area Code Daytime Telephone Number		e Telephone Number	
Enclosed is a check for the	he following amount:		
□ \$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 S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee,	しし ジムン しゃ	2410 14. MIOHIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novella Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ability Company	were filed on March	25, 2020	and assigned
(Principal office address MUST BE A STREET ADDRESS) Orlando, Florida 32804				
This amendment is submitted to amend the follow	wing:			2
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the desig	nation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1016 Arthur Avenue	c	
		Orlando, Florida 32	804	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
		address on our reco	rds, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Dr. Tristan Lee			
New Registered Office Address:	4283 Lake Rich	nmond Drive		
		Enter Florida :		
	Orlando	City:	, Florid	a 32811 Zip Code
		C.1.)		ingr Court

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
MGR	Ginene Sharp	1016 Arthur Avenue, Orlando, FL 32804	= Add
			□Remove
			□Change
MGR	Cleverne Sharp III	3823 Millenia Blvd, Apt. 107, Orlando, FL 32839	🗆 Add
			ERemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		-	Change
	******		🗀 Ad d
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□Change
			□Add
			□Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
ffective dat	te, if other than the date of filing: (optional)	
ote: If the c	te, if other than the date of filing:(optional) late 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
ocument's e	effective date on the Department of State's records.	
racord cauci	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	. ıh
is filed.	The sa delayed effective date, but not an effective time, at 12.01 a.m. on the earner of. (b) The 90th day after	u
ated	$\frac{4}{2020}$	
	Amen Tharp	
	Signature of a member or authorized representative of a member	
<u>~:</u>		
/ 24	inene Sharp	