## 20 000 94362

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
DICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	tegistration Sedivision of Con			•	
SUBJECT	Novo Saku	ra LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	ırn all correspo	ondence concerning this matter	to the following:		
		Mahmudul Haque			
			Name of Person		
			Firm/Company		
		3126 Highlands Lakeview	Circle		
			Address		
		Lakeland,Florida,33812			
		mhaq1@hotmail.con	City/State and Zip C	ode	
		· •	to be used for future an	nual report notification)	
For further	r information c	oncerning this matter, please ca		·	
Mahmudu	l Haque		863 at ()	255-1865	
	Name o	t Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for th	he following amount:			
<b>■</b> \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing I Certified Copy radditional copy i	y Certificate of Statu	
	Sailing Addres			et Address:	
	legistration S Division of C	Section Corporations	_	istration Section ision of Corporations	
	O 13 (22	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	:2111	C + CT II I	

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

Novo Sakura LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	_
he Articles of Organization for this Limited Liability Company	were filed on April 1 2020 and	assigned
lorida document number L20000094362		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	ı "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	3E c. 3TA	
		Baryang
	NOV 2	
nter new mailing address, if applicable:	2>1. U1	
Mailing address MAY BE A POST OFFICE BOX)		<u>[]:</u>
		$\underline{}$
	7.E	
<ul> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ul>	address on our records, enter the name of the	new regis
cent and/or the new registered office and eas nere.		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Co	ode

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>	<u>Name</u>	Address	Type of Action
DIR	Israt Jahan	3126 Highlands Lakeview Circle	
			■Remove
			☐Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□ Change
<del> </del>			🗆 Add
			□ Remove
		44 - 1000	□Change

n effectiv ote: If t	date, if other than the date of filing:
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	11/19/24 Obratabon
	Oxage - Bloom
	COCAP CENT
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00