## L20000246345

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.
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11/19/2024 Mr. L.D. Stutes is not a gaing himself. Mr. Stutes gave me permission to remove him on the phone: Amissa Butler,
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: NOV	A SCAVBINAVIA Name of Lim	CONSULT LLC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LARRY 8	STUTES Name of Person	· <del></del>
	NOVA SCA	NDINAYIA CONS	UT, UC
	122 BEAR	Address	
			notification)
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Langy 8. States			
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount: #42	3.75 previously	Submitteel
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA SCANDINAVIA CONCLUT LLG

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 20000 246 3 45.</u>	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Fig. 12 Sept. 12 Sept	The Committee of the Co
The new name must be distinguishable and contain the words "Limited Lial	
Enter new principal offices address, if applicable:	172 BEARSS CIA LONGWOOD, FL 32750
(Principal office address MUST BE A STREET ADDRESS)	LONGWOOD, FI 32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	122 BENASS CIR LONGWOOD, EC 32750
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent: 4.2.	SINTES
New Registered Office Address: /22	STUTES  BEHASS CIRCLE  Enter Florida street address  WOOD Florida  City Zip Code
LONE	woo Florida 32750
	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 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 Address Type of Action <u>Title</u> <u>Name</u> MS 122 BEARSS GR DAdd LONGWOOD, EL 32750 MR LARRY O. STUTES 12 BEARSS CIR LONDWOOD, FL 32750 \_\_\_\_\_ □Change \_\_\_\_ □Remove \_\_\_\_\_ □Change

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Filing Fee: \$25.00



October 16, 2024

LARRY D STUTES 122 BEARSS CIRCLE LONGWOOD, FL 32750

SUBJECT: NOVA SCANDINAVIA CONSULT LLC

Ref. Number: L20000246345

We have received your document for NOVA SCANDINAVIA CONSULT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 324A00022869

