120000285139

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Con			
SURJECT: NORVELI	L INVESTMENTS, LLC		
30000EC	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Laurah Bosweil		
		Name of Person	
	Broad Financial LLC		
		Firm/Company	
	I Paragon Dr Ste 270		
		Address	
	Montvale NJ 07645		
		City/State and Zip Code	
	orders@broadfinancial.com		· · · · · · · · · · · · · · · · · · ·
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifall:	heation)
Laurah Boswell		at (845) 3523000	
Name of Person		at (845) 3523000 Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Sec	
Division of Corporations		Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO 1 ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L20000285139	Liability Company were filed on 09/1	1/2020 and assigned
This amendment is submitted to amend the for	llowing:	
A. If amending name, enter the new name	of the limited liability company here	: :
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	. 22
Principal office address MUST BE A STRE	ET ADDRESS)	
_		· =
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	- 5	
		:- '2
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our rece ess here:	ords, enter the name of the new registe
Name of New Registered Agent:	Laurina Norvell	
New Registered Office Address:	700 SOUTH RIVERSIDE DR.	
- · · · · · · · · · · · · · · · · · · ·	Enter Florida	street address
	NEW SMYRNA BEACH	, Florida 32168
	City	Zin 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

Title	<u>Name</u>	Address	Type of Action
MGR	Laurina Norvell	700 South Riverside Dr	≣Add
		New Smyrna Beach, FL, 32168	□Remove
MGR	Sara Ruth Mainwaring	6314 Leafy Screen, Columbia, MD 21045	= Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change
			□Add
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			□Remove
			G.C.

If amendi	ing any other i		enter change(s)		ch'additional :	sheets, if nece	ssary.)	
								
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Note: If the	he date inserted	in this block do-	of filing:	e prior to date of applicable statt	filing or more th	optic	onal) filing.) Pursuant to date will not be	605,0207 (listed as t
e record sp rd is filed.	ecifies a delaye	i effective date,	but not an effec	tive time, at 12	2:01 a.m. on the	e carlier of: (b)) The 90th day	after the
Dated <u>F</u>	Pril Van	Signah	Varu	JUL .	resentative of a	nember		
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Filing Fee: \$25.00