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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Document Number)
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Office Use Only



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21 Aug 20 PM 3: 2

COVER LETTER

TO:

Registration Section

Division of Corporations

Qovena Ca	pital LLC		p
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diego Michelato		
		Name of Person	
	Qovena Capital		
		Firm/Company	
	1505 SW 4TH AVE		
		Address	
	BOCA RATON - FLORII	OA. 33432	
		City/State and Zip Code	.=
	diego@qovena.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Diego Michelato		954 892 0654	
Name o	f Person	at () Area Code Daytim	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 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee. FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Qovena Capital LLC

ompany has been notified in writing of this change.

21 AUG 20 PH 3: 23

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

The Articles of Organization for this Limited Liability Company	were filed on 11/12/20	and assigned
Florida document number 1.20000357804		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
ivew registered virtue radiese.	Enter Florida str	eet address
		, Florida
	Cin	Zip Code
Yew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete		
eccept the obligations of my position as registered agent as j		

eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	21. 21. 21. 23.

<u>Title</u>	<u>Name</u>	Address 21 AUG 20 PM 3. 20	Type of Action
AMBR	DIEGO MICHELATO	3190 Leewood Terrace L106	□Add
		Boca Raton - Florida 33432	□Remove
			Change
AMBR	CLAUDIA INOUE	3190 Leewood Terrace L106	= Add
		Boca Raton - Florida 33431	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			
			□Remove
			Change

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Tective date, if other than the d	date of filing: (optional)
in effective date is listed, the date must lote: If the date inserted in this block	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ack does not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Dep	partment of State's records.
	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
	2021
August 12	
ated August 12	··
	ficlelat
ated August 12	Signature of a member or authorized representative of a member

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