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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

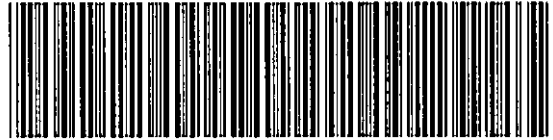
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: NORX, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Riano-Lopez, Esq.

\_\_\_\_\_  
Name of Person

RIANO & ASSOCIATES, LLC

\_\_\_\_\_  
Firm/Company

9720 STIRLING ROAD, SUITE 204C

\_\_\_\_\_  
Address

COOPER CITY, FL 33024

\_\_\_\_\_  
City/State and Zip Code

kathy@rianolaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Riano-Lopez, Esq.

754 400-9896  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the 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 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

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**If Changing Registered Agent, Signature of New Registered Agent**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Da Rocha Miguel, Anderson G	20200 W. Dixie Highway	<input type="checkbox"/> Add
		Suite 608	<input checked="" type="checkbox"/> Remove
		Miami, FL 33180	<input type="checkbox"/> Change
MGR	Ceschin, Paulo	20200 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Suite 303	<input type="checkbox"/> Remove
		Miami Gardens, FL 33169	<input type="checkbox"/> Change
MGR	Jukoski Costa, Joao H	20200 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Suite 303	<input type="checkbox"/> Remove
		Miami Gardens, FL 33169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**