

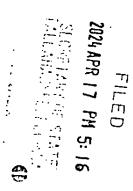
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## **COVER LETTER**

TO: Registration Section Division of Corporations	olties
SUBJECT: Name of Limited Liability	alties LCC y Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follo	owing:
·	
Jeanna Bo	e of Person
Novelty S	verial sties [[
4240 Deer	ing Park Way Site 2
M vico	1 3 3 7 5 4 c and Zip Code
Sun ruze (1) E-mail address: (to be used to	convigat quail tom
For further information concerning this matter, please call:	J
Joanna Bathman an	386 409 12/6
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	00 Filing Fee & S60,00 Filing Fee, tified Copy itional 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Novelty Speia	Ities LLC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $OC+31, 22$ and assigned $468$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name number of the limited liability of the new name number of the limited liability of the new name number of the limited liability of the new name of the new name of the limited liability of the new name of	es LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4240 Deering Parkway Site 27 Mins H 32754
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	D.O. Boy 143 Oak Hill 71 32-759
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida D Zip Code
I hereby accept the appointment as registered agent and agre	ee 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		<del></del>	Change
	····	<del></del>	□Add
			□Remove
			□ Change
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m effecti ote:   If t	date, if other than the date of filing:	
ecord spice is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ited	April 1 2024	
	Signature of a member or authorized representative of a member	
	Joanna Batemana Typed or printed name of signee	