LZ1000034187

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Business Emity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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	4/28/21
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OIVIDION OF CORTORATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	NOVE SUGA Name of Lim	ited Liability Company	e
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexis	Braddy Name of Person	
		N/A Firm/Company	·
	1369 NW	77th Street	
	<u>Miami</u>	FL 33147 City/State and Zip Code	
	Alexis Bio	addy C yano. Con to be used for future annual report notice.	fication)
For further information c	oncerning this matter, please ca	all:	
Alexis [Braddy	at (780) 352-	6920
Name o	f Person /	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)

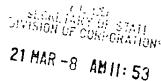
Mailing Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



pility Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on S Florida document number L21000034187 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 amending Authorized Ferson(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		- I vision op o	LIVISION OF CORPURATIONS		
<u>Title</u>	Name	Address 21 MAR -8	AM To Regot Action		
AMBR	Alexis Braddy	1369 NW 77th St Miami, FL 33147	□Add		
	·	Miami, FL 33147	□Remove		
			(D)Change		
	·		□Add		
			□Remove		
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ective date, if other than	the date of filin	σ:		for	ntional)	
ective date, if other than effective date is listed, the date te: If the date inserted in thi ument's effective date on th	is block does not r	neet the applica	to date of filing or n able statutory filin	nore than 90 days at 1g requirements, (fter filing.) Pursuan this date will not	t to 605.020 be listed a
cord specifies a delayed effe s filed.	ective date, but not	t an effective ti	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	ay after the
ed March	3	202	<u>'</u> .			
- 1 1011 01 1		_				
	Signature of a	member or huthe	rized representative	e of a member		_

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