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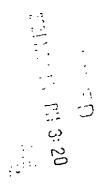
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COVER LETTER

TO:	Registration Sec Division of Corp			u.	
SUBJ	ECT:	Name of Limi	ted Liability Company		
The er	nclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Cina_	Pauman Name of Person		
		·	Firm/Company		
		7.601 M	Address Way		
		Navarre	T-L 32566 City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notif	lication)	
For fu	rther information co	neerning this matter, please ca	ıll:		
Coina Balinan Name of Person			at (850) 240 0581 Area Code Daytime Telephone Number		
Enclos	sed is a check for the	e following amount:			
۳ S:	25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Fiting 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 ARTICLES OF ORGANIZATION **OF**

NOVA LLC	
(Name of the Limited Liability Compi (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L210007223</u>	were filed on $9 - 11 - 21$ and assigned (Feb 11, 2021)
If amending name, enter the new name of the limited liability company here: c new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: The column of the limited Liability Company, "the designation "LLC" or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." or the abbreviation "LLC." The column of the abbreviation "LLC." The	
A. If amending name, enter the new name of the limited liab	ganization for this Limited Liability Company were filed on 2 2 - 2 and assigned number L210007 228 (Feb 11, 2021) is submitted to amend the following: ame, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: Dell Merthes 4199 Dell Merth
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7601 Marthas Way
(Principal office address MUST BE A STREET ADDRESS)	Navarre FL 32566
Enter new mailing address, if applicable:	The Ol Marthas Way
(Mailing address MAY BE A POST OFFICE BOX)	NAVARRE FL 32566
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Csina	Bauman
Nave	City Florida 325 (66 Zip 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

<u>Title</u>	Name	Address	Type of Action
MGR	Bauman, Michael J	8253 Navarre Parkway	□Add
		<u>B</u> 100	DRemove
		Navarre FL 32566	□Change
<u>MG</u> R	Bauman, Gina	7601 Marthas Way	/ \/\dd
		Navarre FL 32566	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			OChange
			
			☐Remove
			□Change

ii aimeno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		<u>-</u>
l'an effecti <u>Note:</u> If	e date, if other than the date of filing:	
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 l.	Oth day after the
Dated	5/4/21	
		19.7
	Signature of a member or authorized representative of a member	3:20

Filing Fee: \$25.00