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H210001061423ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVIA ONE LLC

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Page Count	04
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MAR 17 2021

M. SOLONO:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVIA ONE LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000083023	were filed on 02/18/2021	and assigned
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 Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
		2021 HAR
		Ser. 91.9
Enter new mailing address, if applicable:		*:
(Mailing address MAY BE A POST OFFICE BOX)		
·		311 "
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		nter the name of the new
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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
AMBR	Hans-Peter Buchta	7901 4TH ST N	🗹 Add
		STE 300	Remove
		ST. PETERSBURG, FL 33702	Change
			D Add
			□ Remove
			Change
			O Add Remove
			AR Remôve 6
			Changes O: 15
			D Add 55
			□ Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			☐ Change

11-7-2			-
CHILDREN CO.			
		<u> </u>	
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	. <u></u>		<u> </u>
			 일반
			長馬
	<u> </u>		
fective date, if other than the date of file	ling:	(opt	ional)
n effective date is listed, the date must be specific ste: If the date inserted in this block does no cument's effective date on the Department of	of meet the applicable state	timing of more than 20 days and	is date will not be listed a
record specifies a delayed effective. The 90th day after the record is file	e date, but not an ef ed.	fective time, at 12:01	a.m. on the earlier o
_{ted} 03/16			
		resentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00