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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

Fax Number

: (855)330-1010

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

 Addrace.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NOVA PERSEY LLC**

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ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

Nova Persey LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comparida document number <u>L21000159408</u> .	any were filed on 04/06/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 TALL
Principal office address MUST BE A STREET ADDRESS	2	
		35 G T
		量し
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, FI	lorida 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>	<u>Name</u>	Address	Type of Action
AMBR	Ruben Dario Morera	7901 4th St N STE 300	XIAdd
	-	St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to d k does not meet the applicable	ate of filing or more than 90 statutory filing require	(optional) (days after filing.) Pursua ments, this date will no	nt to 605.0207 (3)(b) t be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time	at 12:01 a.m. on the ea	rlier of: (b) The 90th (lay after the
Dated July 30	2021			
Dated				

Filing Fee: \$25.00