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SECRETALY OF STATE

A. BUTLER APR 2 2 2022

Division of Corporations NOVAR SOFTWARE, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS HERNANDO GARCÍA MÁRQUEZ Name of Person Firm/Company 7345 W Sand Lake Road Ste 210 office 2258 Orlando, FL 32819 Address Orlando, FL 32819 City/State and Zip Code info@novarsoft.co E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos Andres Quintero 512 203-6559 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

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NOVAR SOFTWARE, LLC.

(Name of the Limited Liability Company as it now appears on our records ORE LAWY OF STATE The Articles of Organization for this Limited Liability Company were filed on $\frac{07-02-2021}{1}$ and assigned Florida document number 61-1997946 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 "L.I.C" or the abbreviation "L.I.C." 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:

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.

Enter Florida street address

, Florida

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Carlos Andres Quintero	5808 Maciver Dr	■Add
		Austin TX, 78754	□Remove
			☐ Change
MGR	Carlos Andres Quintero	5808 Maciver Dr	
		Austin TX, 78754	□Remove
			■ Change
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cord specifies a delayed effecti s filed.	/e date, but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th day	after the
ed March 22	. 2022	·	1=	fu.	
	Signature of a member or	_		·	
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