122000031573

(Re	questor's Name)	
(Ad	dress)	<u> </u>
- (Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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T. MATTHEWS
JUL 25 2022

COVER LETTER

TO: Registration Division of	i Section Corporations	
	NOVA ARTS, MUSIC & ENTERTAINMENT LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	BLADES, ROBERT	
	Name of Person	
	SUPERNOVA ARTS, MUSIC & ENTERTAINMENT LLC	
	Firm/Company	
	14629 SW 104 ST 321	
	Address	
	MIAMI, FL 33186	
	City/State and Zip Code	
	panamaredplanet@aol.com	
For further information	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:	
CAROLINA ARCIL	A 561 4099015	
Nar	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check fo	or the following amount:	
■ \$25.00 Filing Fed	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF STATE OF ORPORATION

SUPERNOVA ARTS, MUSIC & ENTERTAINMENT LLC

22 MAY 23 AM 10: 18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/18/2022}{}$ and assigned Florida document number <u>L22000031573</u> 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.

City

If Changing Registered Agent, Signature of New Registered Agent

____. Florida ___

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>	<u>Address</u>	Type of Action
AMBR	BLADES, ROBERT	14629 SW 104 ST, 321	
		MIAMI, FL 33186	■Remove
			□Change
AMBR	WALTER ALBERT ESPINOZA	14629 SW 104 ST, 321	■Add
		MIAMI, FL 33186	□Remove
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ocament 3	erroenve date on th	ic Department of	State 8 records	ł•		
record spe-	ifies a delayed effe	ective date, but no	t an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
l is filed.			007	7		
i is med.	Hay 12		1202	<u> </u>		
i is med.	Hay 12		1-202	<u></u>		
d is filed. Dated	Hay 12	Signature of a	vember or auth	orized representative	of a member	