## haa 000141353

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>NOVA &amp;</u>		ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	
	Proc	essing Department	2622 JUL 25
	1	1450 Vassar St	
		Address Reno, NV 89502	<u>ක</u> ලා
		City/State and Zip Code	
For further information c	E-mail address: (	to be used for future annual report notif	ication)
Process	ing Department	at ( 800 ) 638-2320	: Telephone Number
ivanic 0	it i cison	Alea Couc Dayting	. Telephone (viunoe)
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NOVA & NK, LLC	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our recor da Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 03/22/22	and assigned
Florida document number L22000141353		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
N	OAH & NK, LLC	. <u>.</u>
The new name must be distinguishable and contain the words "Li	imited Liability Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1N3 1N3 1N3
(Principal office address MUST BE A STREET ADL	DRESS)	
		22 :
Enter new mailing address, if applicable:	<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or reg	ictored office address on our record	ds enter the name of the new
registered agent and/or the new registered office ad		as, ther the game of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	25 <i>S</i>
	, F	lorida Zip Code
	City	ing come

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>	<u>Address</u>	Type of Action
			Remove
		75	Change
			Remove
			Change
			□ Remove.
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
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	<del></del>		
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			Change

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Note:	tive date, if other than the date of filing: N/A (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	0207 (3 <sub>1</sub> d as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	July 14th 2022	
	Signature of a member or authorized representative or a member	
	Nadia Rahman	

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00