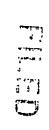


(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:









COVER LETTER

TO: Registration So Division of Cor		
	DEVELOPMENT GROUP, L	LC
SUBJECT:	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Daniel Novela	
		Name of Person
	Novela Law	
		Firm/Company
		Address
	1688 Meridian Avenue Su	ite 900 Miami Beach. Florida 33139
		City/State and Zip Code
	faniela@hotmail.com	to be used for future annual report notification)
For further information of	concerning this matter, please c	·
	oncerning this matter, pieuse e	
daniel novela		305 371-6711 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy) is enclosed) Certified Copy (additional copy) is enclosed)
Mailing Address:		Street Address: Registration Section
Registration Section Division of Corporations		Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 6327		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORWYN DEVELOPMENT GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L22000178786 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 City 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
MGR	MANUEL BALTODANO	3451 NE 1 AVE M806 MIAMI, FL 33137	
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