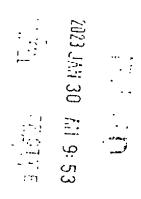
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

· TO:

Division of Corporations				
OURIECT	in Since	1/20	_	
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
The enclosed Afficies of	Amendment and rec(s) are suo	initied for timing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nel	san Dias	•	
		Name of Person		
	Name of Limited Libbility Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person Name of Person Firm/Company Address Chypage and Zip Code E-mail address: (to be bsed for fugure annual report notification) ther information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number			
	12771 he	tro Run ?	1 fix	
		Address		
	tort W	yer This	202,33966	
		City/State and Zip Code		
	E-mail address: (t	o be used for future annual report not	fication)	
For further information c	oncerning this matter, please ca	ill:		
Nelson Name o	f Person	at (284) UAL - Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	Name of Limited Disbility Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Name of Person Name of Person Address Check the and Zip Code E-mail address: (to be beed for flughts annual report notification) ther information concerning this matter, please call: Area Code Daytime Telephone Number at 224 Area Code Daytime Telephone Number Soo Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Registration Section			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ation	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOUUS SIV		3 JAN 30 AM 9: 53
(Name of the Limited Liability (A Florida L	Company as it now appears of	n our records.)
(A rionda L	.imited Liability Company)	1 1 5 5 E A E
The Author (Committee) and the University of the University		www. 17.202 and assigned
The Articles of Organization for this Limited Liability Con		ACTIVITY TO Land assigned
Florida document number L23cocc29C	200	9
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
" Novus S	ians Li	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>:SS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
13. 14°	-05 adduses on any res	ands antom the name of the new posists
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida	street address
		, Florida
	City	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 a 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			Change
			□Λdd
			□Remove
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erer .	
(If an ef Note:	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	James 30, 2023.
	THE PARTY VIEW
	Cimetan Committee and Committe
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00