Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240004105093)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553

Fax Number : (305)397-8521

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVA VIP CLEANING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration S Division of Co			
	P CLEANING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	ELAHEH MOEINIANSI	HIRVAN	
		Name of Person	
	NOVA VIP CLEANING	LLC	
		Firm/Company	
	2145 NE 164TH STREET	, APT 726	
		Address	
	NORTH MIAMI BEACH	, FL 33162	
		City/State and Zip Code	<u> </u>
	SHAHIN.BAYANI2015@		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	iification)
ELAHEH MOEINIAN	SHIRVAN	754 281 4436 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for t	ne following amount:		
≘ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration So	ection
Division of C P.O. Box 632	corporations	Division of Co The Centre of	rporations
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA VIP CLEANING LLC				
Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 01/1	8/2023	and assigned
Florida document number L23000032168	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	<u>}</u> !	
Nova VIP Cleaning LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the des	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	2145 NE 164TH S	TREET, APT 726	
		NORTH MIAMI	BEACH, FL 33162	
Enter new mailing address if applicables				202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2145 NE 164TH S	TREBT, APT 726	- 5
Address of the control of the contro	<u> </u>	NORTH MIAMI	BEACH, FL 33162	
B. If amending the registered agent and/or r		ddress on our rec	ords, enter the nam	e of the new registered
agent and/or the new registered office addres	s nere:			-
Name of New Registered Agent:	ELAHEH MOI	EINIANSHIRVAN		. (5
New Registered Office Address:	2145 NE 164TH	I STREET, APT 726	<u>i </u>	
		Enter Florida	street address	
	NORTH MIAM	II BEACH	, Florida	162
		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 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.

shahin to fini (0 ec 13, 2024 10:24 ES7)

If Changing Registered Agent, Signature of New Registered Agent

'n

Dec. 13: 2024 11: 31AM H24(%) 196305 5 5 3

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	MOEINIANSHIRVAN, ELAHEN	2145 NE 164TH STREET, APT 726	
		NORTH MIAMI BEACH, FL 33162	□Remove
			Change
Mike Bay	BAY, MIKE	2145 NE 164TH STREET, APT 626	□Add
		NORTH MIAMI BEACH, FL 33162	®Remove
			Change
			□Add
			□R e move
			Change
			□ Remove
			Change
			⊡Add
			□Remove
			Change
·			
			Remove
			∏ Chomore

11 4111 42 411 411 411 411 411 411 411 4	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
Effective date, if other than the data of the data is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective da rd is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
DatedDECEMBER 13	
-	- f-
	nature of a member or authorized representative of a member
	TO A VICTOR A COPPUTE A VICTOR A LA VICTOR
······································	ELAHEH MOEINIANSHIRVAN Typed or printed name of signee

Filing Fee: \$25.00