

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





06/12/23--01021--004 **25.00

COVER LETTER

, TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations 👺	•			
etib tez*r.	NOVATER					
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		HELBER VANEGAS MU	ŇOZ			
			Name of Person			
			Firm/Company			
		3275 Frederick Blvd. Apt	16			
			Address			
		Delray Beach, Florida, 334	83			
		info@novateri.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	ification)		
For further in	nformation co	oncerning this matter, please ca	all:			
RODRIGO JIMENEZ LEON		+57 311-440-60				
· · · · · · · · · · · · · · · · ·	Name of	Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Address:	action		
Registration Section Division of Corporations			Registration Section Division of Corporations			
). Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 7, 2023

HELBER VANEGAS MUNOZ 3275 FREDERCIK BLVD APT 16 DELRAY BEACH, FL 33483

SUBJECT: NOVATERI LLC Ref. Number: L23000146876

We have received your document for NOVATERI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am enclosing the Articles of Amendment you must complete this form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 423A00017775

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NOVATERI LLC

2023 SEP 14 AM 8: 16

(Name of the Lim	ited Linbility Comp	Inv av if now annears	on our records)	<u> </u>	
(<u></u>	(A Florida Limited	Liability Company)	TALUNEIA	NY OF STATE	
		~· ·	TALLAHAS MARCH 22, 2023	SEE. FLORIDA	
1 220001 44074	were filed on	MMC11 22, 2023	and assigned		
Florida document numberL230001468/6	a document numberL23000146876 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here:				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	œ:		
The new name must be distinguishable and contain the	words "Limited Light	lity Company " the de	signation "I I C" or the at	shroulation "L.L.C."	
			_	oreviation E.E.C.	
Enter new principal offices address, if appli					
<u>(Principal office address MUST BE A STRE</u>	ET ADDRESS)	DELKAY BEAC	H, FLORIDA, 33483		
					
Enter new mailing address, if applicable:	mane of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the ability Company, "the designation "LLC" or th				
	new mailing address, if applicable: og address MAY BE A POST OFFICE BOX)		H, FLORIDA, 33483		
Manny address MATT THE ATTOM COTTACE	<u> </u>			<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new Registered Agent:	<u>ess here</u> :		cords, <u>enter the nam</u>	e of the new registere	
	2275 EDEISED	2326 CDCDCDCW DL WD A OFF LA			
New Registered Office Address:					
	DEI DAV BEA			33483	
			, Florida	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	•		<i>-y</i> · · · · · ·	
hereby accept the appointment as register provisions of all statutes relative to the projuccept the obligations of my position as reg	ed agent and agro per and complete istered agent as p registered office	ee to act in this co performance of n provided for in Ch	ny duties, and Lam j apler 605, F.S. Or,	familiar with and if this document is	
	If Chan	iging Registered Agen	t, Signature of New Roy	inte cu 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
AMBR	CARLOS E TOVAR CASTRO	CL 10 11 23 SUR CASA 52	□Add
		MOSQUERA, CUNDINAMARCA, CU	≣Remove
		250040 . CO	
AMBR	VICTOR A HENANDEZ MEJIA	CL 22B 64 26 TO 3 AP 810	_
		BOGOTA, CUNDINAMARCA, CU	
		111321, CO	= Remove
			□Change
			□Add
			□ Remove
			☐ Change
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ctive	date, if other than the da	te of filing:			(optional)		
effectiv e: If th	date, if other than the da we date is listed, the date must be the date inserted in this block	specific and cannot be prior	to date of fi	ling or more than 90	days after filing.) Pu	irsuant to 6	605.020 isted a
ıment'	s effective date on the Depa	rtment of State's records.		,,g .equv	iono, ano ante vii	1 1100 00 1	15100 0
ord sp filed.	ecifies a delayed effective d	ate, but not an effective ti	me, at 12:0)) a.m. on the earl	ier of: (b) The 9	0th day at	fter the
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Filing Fee: \$25.00