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COVER LETTER

SUBJECT: NONA. Creatives, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
NONA. Creatives LLC
Firm/Company
165 Sea Hawk Dr.
Address
Daytona Beach FL 32/19 City/State and Zip Code
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Noch Nahfawi =1,586,547-0384
Name of Person Area Code Daytime Telephone Number
Exclosed is a check for the following amount:
Sectificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONA. Creatives, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $6-24-23$ and ass Florida document number $L23000241203$	igned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: NONA Creatives LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
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 agent and/or the new registered office address here:	v registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
New Registered Agent's Signature, if changing Registered Agent:	C.3
	i sa An midadha
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct 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.	th änd 🕠 inlight is 🌾

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
			🗀 Add
			□Remove
		☐ Change	
			□Remove
			☐ Change
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Note:	ive date, if other than the date of filing:
he recor	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 ed.
Dated	May 30 2023. Mach Masherin Signature of a member or authorized epresentative of a member
	Noch Nahfawi Typed or printed name of signee

Filing Fee: \$25.00