

17/9/24, 14:42

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000283175

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050

Phone : (727)298-8007

Fax Number : (305)397-0980

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

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NOVA US LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

K. SALY

SEP 18 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NOVA US LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP 17 AM 3:31
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/12/2023 and assigned
Florida document number L23000283175.

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 "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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City Florida 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAURA JULIANA MARINO PEREIRA	2007-3007 GLEN DRIVE, COQUITLAM	<input checked="" type="checkbox"/> Add
		BC V3B 0L8 - CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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