L24000099727

(Requestor's Name)
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(only one of the my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Daniel Thompson 863-329-8800 5328 Fallen Leaf Dr Riverview, FL 33578

COVER LETTER

TO: Registration Section

Division of C	Corporations			
	ONE SOLUTIONS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Daniel Thompson			
		Name of Person		-
	NOVO ONE SOLUTION	S. LLC		
		Firm/Company		-
	5328 Fallen Leaf Dr			782 OCT -9
		Address		
	Riverview FL 33578			ض بـ :،
		City/State and Zip Code	•••	· .
	operations@novoonesoluti			
	E-mail address: (to be used for future annual report noti	fication)	13
For further information	concerning this matter, please c	all:		
Daniel Thompson		863 3298800 at ()		
Nam	e of Person		e Telephone Number	.
Enclosed is a check for	the following amount:			
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVO ONE SOLUTIONS, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L24000099727	were filed on 02/26/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	5328 Fallen Leaf Dr. Riverview, FL 33578
Enter new mailing address, if applicable:	
	5328 Fallen Leaf Dr Riverview; FL 33578
(Mailing address MAY BE A POST OFFICE BOX)	
	······································
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, 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 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>	Address	Type of Action
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			Remove
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