La4000306676

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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: NOVA	Solutions LL	Ċ	
SUBJECT: INDIA		d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Jessica S	XMChe7. Name of Person	
	Nova Solution	N UC Firm/Company	
	2855 6UH to	by Blut, af	1 2211
	Cleanwater s	1 33)59 City/State and Zip Code	<u> </u>
	JESAK TO JE-mail address: (to	be used for future annual report notifies	Mition)
For further information c	oncerning this matter, please call	:	
Jessica Same o	Sanche?	at (<u>\$13</u>) <u>679 · 7</u> Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Secti- Division of Corpo The Centre of Tal	rations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nons	Solutions LLC
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24000306676</u>	Company were filed on O9 /09 /24 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line AS Nova Solvitoris LLC The new name must be distinguishable and contain the words "Li	mited liability company here: mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	mined Manning Company. The Googlandon Mine of the Good Manning Differ
(Principal office address MUST BE A STREET ADD	ORESS) SE TAC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALLAHASSEE, F
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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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record specifies a delay is filed.	ed effective date, but	not an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90tl	n day at	ter the
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