LZ4000352981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(December 1)
(Document Number)
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TO: Registration Section Division of Corporations

Edward Inl SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ha NOVU Name of Person YOL Edward Consulting 4086 N PINK POPPY Hills FL 344165 City/State and Zip Code VIAU E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□ \$60.00 Filing Fee,

Certified Copy (additional copy is

Certificate of Status &

ARTIC	CLES OF AMENDMENT	
ARTICI	TO LES OF ORGANIZATION OF	
JAY NE Edward Name of the Limited L	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L24,0003529</u>	ity Company were filed on <u>AVGWF12</u>	2024 and assigned
This amendment is submitted to amend the following	ıg:	
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	e:	
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
New Registered Agent's Signature, if changing Registered	City	Zıp Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regis company has been notified in writing of this char	ind complete performance of my duties, and level agent as provided for in Chapter 605, F.S. istered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	John Novy	40810 N PINK POPPy Drive Bereily Hills, FC 3446	Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
<u> </u>			🗆 Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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If the record 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 record is filed.

AN 8: Dated _ Hugh member or authorized representative of a member Signature Typed or printed name of signee