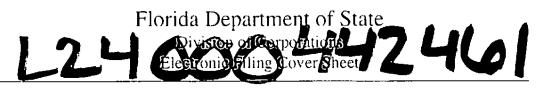
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## **COVER LETTER**

	stration Se sion of Cor				
	NOVUSMI	ERX LLC			
Name of Limited Liability Company					
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filmg.		
Please return a	ill correspo	ondence concerning this matter	to the following:		
		EOVETTE DOBSON			
			Name of Person		
			Firm/Company		
	17350 STATE HWY 249 STE 220				
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO	City/State and Zip Code M		
		F-mail address: 0	to be used for future annual report notif	fication)	
For further inf	ormation c	oncerning this matter, please ca	all:		
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	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a c	check for th	ne following amount:			
<b>≅</b> \$25,00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Sec	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVUSM	ERX LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000442461}{1.24000442461}$ .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Lumited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		2024 NO
New Registered Office Address:	Enter Florida street address	
	Florida , Florida	PROV AND TILED
	City	Zap Carde
New Registered Agent's Signature, if changing Registered Agent:		<b>党 2</b>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paking filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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
AMBR	Deyei Perez	925 Macy St	
		West Palm Beach, FL 33405	Remove
			Change
AMBR	Carmen Perez	925 Macy St	□Add
		West Palm Beach, FL 33405	<b>≡</b> Remove
			□Change
AMBR	Latis Marin	4116 Virginia Terrace	
		West Palm Beach, FL 33405	□Remove
			\textsquare
			F\Add
			□Remove
			□Change
			□Add
		<del></del>	□ □Remove
			□Change
			□Add
			Remove
			Change

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Luis Marin
Typed or printed name of signee

Dated