P14000084089

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COVER LETTER

Division of Corporations NAME OF CORPORATION: NOVA ORSA INCLUSTRICS. P14000084089 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



Articles of Amendment to Articles of Incorporation of

NOVA ORSA INCUST	Rirs, INC
	ntly filed with the Florida Dept. of State)
14000084089	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NA	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1311 Wared Street
	Key West, FL 33040
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 Fourth Street
	Key West, FL 33040
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N A	
(Florida :	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
l hereby accept the appointment as registered agent. I am familia	
 	
Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TR	Dani Cheorghe IA	PAS 1003 TRUMANAUC.
X Add			Apt 302
Remove			Key West, FL 33040
2) Change	TR	Alm Schippy	1003 TRYMAN AVE
Add		•	Apt 302
Remove 3) Change			Key West, FL 33040
Add			
Remove			
4) Change			
Add			u
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
The Addition of Day Checeghe THEAS And Alin Schiopy					
As Trustees, giving then Anthorty to Make business decisions when they cannot be made by the president, Poblic Riley. This Anthority does not award then my					
					Dunielship State in Nova Olsa Industries, INC
· · · · · · · · · · · · · · · · · · ·					
					
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:					
(if not applicable, indicate N/A)					
•					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: October 10, 2020	>
(no more than 90 days after at	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups the separately provided for each voting group entitled to vote separately	- "
"The number of votes east for the amendment(s) was/were sufficient for	or approval
by	
(voting group)	
Signature (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
(Typed or printed name of perso	n signing)
President	
(Title of person signing)	