

P170000 190 10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296681643 ✓

03/20/17--01008--011 **25.00

04/27/17--01002--004 **10.00

S TALLENT

APR 28 2017

Amend

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 APR 24 PM 4:29

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2017

NOA YAZDI
NOVO EXCELLENT INC
4150 DAVIE RD EXT APT 2208
HOLLYWOOD, FL 33024

SUBJECT: NOVO EXCELLENT INC
Ref. Number: P17000019010

We have received your document for NOVO EXCELLENT INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 317A00005632

RECEIVED
17 APR 24 PM 3:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NOVO EXCELLENT INC

DOCUMENT NUMBER: P17000019010

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOA COHEN

Name of Contact Person

ORB CPA PA

Firm/ Company

6030 HOLLYWOOD BLVD SUIT 135

Address

HOLLYWOOD, FL 33024

City/ State and Zip Code

VOVABEYGEL@GMAIL.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

VOVA BEYGELMAN

Name of Contact Person

at (347)

6120286

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

NOVO EXCELLENT INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000019010

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

VOVA BEYGELMAN

4150 DAVIE RD EXT , APT 2208

(Florida street address)

New Registered Office Address:

HOLLYWOOD

Florida 33024

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

XChange PT John Doe

X Remove V Mike Jones

<u>X</u> Add	SV	Sally Smith
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Title

Name

Address

1) <input type="checkbox"/> Change	<u>P</u>	<u>NOA YAZDI</u>	<u>4150 DAVIE RD EXT</u>
<input type="checkbox"/> Add			<u>APT 2208</u>
<input checked="" type="checkbox"/> Remove			<u>HOLLYWOOD, FL 33024</u>

2) _____ Change _____
 _____ Add _____
 _____ Remove _____

3) _____ Change _____
 _____ Add _____
 _____ Remove _____

4) ☐ Change _____

☐ Add _____

☐ Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

(Attach additional sheets, if necessary). (Be specific)

(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: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

03/13/2017
Dated _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

VOVA BEYGELMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)