

W07000115051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

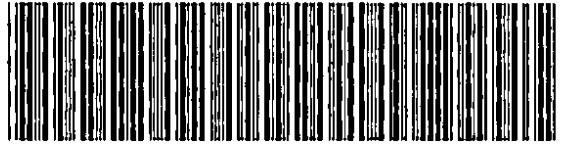
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22 DEC -7 PM 3:46
DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NOACK & CO. LLC dba Certified Public Accountants of Florida

DOCUMENT NUMBER: L07000115051

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

Please return all correspondence concerning this matter to the following:

John Dillon
Name of Contact Person

Noack & Co, LLC
Firm/ Company

12610 World Plaza Lane Unit 1
Address

Fort Myers, FL 33907
City/ State and Zip Code

john@cpaofflorida.com
E-mail address: (to be used for future annual report notification)

RECEIVED
 DIVISION OF CORPORATIONS
 22 DEC -7 PM 3:47

For further information concerning this matter, please call:

John Dillon at (239) 936-6144
Name of Contact Person 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
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2022

JOHN DILLON
12610 WORLD PLAZA LANE
UNIT 1
FORT MYERS, FL 33907

SUBJECT: NOACK & CO, LLC
Ref. Number: L07000115051

22 DEC -7 PM 3:47
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for NOACK & CO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

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

Michael A Hall
OPS Clerk

Letter Number: 122A00025409

2022 DEC 15 11:00 AM

2022 DEC -7 AM 11:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noack & Co, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

John Dillon
Name of Person

Noack & Co, LLC
Firm/Company

12610 World Plaza Ln. Unit 1
Address

Ft. Myers, FL 33907
City/State and Zip Code

john@cpaof-florida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Dillon at (239) 671-1353
Name of Person Area Code Daytime Telephone Number

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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

22 DEC -7 PM 3:47
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Neack & Co, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/14/2007 and assigned Florida document number L07000115051.

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 DEC - 7 PM 3:47
DIVISION OF CORPORATIONS
STATE OF FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Dillon

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>	<u>Address</u>	<u>Type of Action</u>
Manager	Janet A. Noack	12610 World Plaza Ln. Unit 1	<input type="checkbox"/> Add
		FL. Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres.	Andrea Dillon	12610 12610 World Plaza Ln Unit 1	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	John Dillon	12610 World Plaza Ln Unit 1	<input checked="" type="checkbox"/> Add
		FL. Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 DEC - 7 PM 3:47
OFFICE OF THE
CLERK OF THE
COURT

