## L12000082846

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## **COVER LETTER**

| ection<br>porations                             |  |   |
|---|--|---|
| le LLC  |  |   |
| Name of Limi                                    | ted Liability Company  |   |
| Amendment and fee(s) are sub-                   | nitted for filing.   |   |
|   |  |   |
| Karine Abbou                                    |  |   |
|   | Name of Person   | 10  |
|   | Firm/Company   |   |
| 4705 N Michigan Ave                             |  |   |
|   | Address  |   |
| Miami Beach, FL, 33140                          |  |   |
|   | City/State and Zip Code  | <del> </del>  |
|   | o be used for future annual report portific  | ration)   |
|   |  |   |
|   | 786 516 6597<br>at()   |   |
| f Person  | Area Code Daytime  | Telephone Number  |
| ne following amount:                            |  |   |
| □ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)   |
| <u>s:</u><br>Section                            | Street Address:<br>Registration Sect   | ion   |
| Corporations                                    | Division of Corpo  | orations  |
| .7<br>FL 32314                                  |  |   |
|   | Mame of Limi  Amendment and fee(s) are subsendence concerning this matter to the Mamilian Ave  4705 N Michigan Ave  Miami Beach, FL, 33140  karine.abbou@gmail.com  E-mail address: (to oncerning this matter, please can be following amount:  \$\square\$ \$30.00 Filing Fee & Certificate of Status  \$\subseteq \text{Section} \text{Orporations} \$\square \text{Section} \text{Orporations} \$\square \text{Section} \$\text{Orporations} \$\square \text{Section} \$\text{Orporations} \$\square \text{Section} \$\text{Orporations} \$\square \text{Section} \$\text{Orporations} \$\text{Section} \$\text{Orporations} \$\text{Orporations} \$\text{Section} \$\text{Orporations} \$Orporation | Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    Karine Abbou |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Noah Estelle LLC   |   |   |   |                      |                 |              |
|--|---|---|---|----------------------|-----------------|--------------|
| ( <u>Name of the Limi</u>  | ited Liability Compa<br>(A Florida Limited)   | iny as <u>it now appears on our</u><br>Liability Company) | <u>records.</u> )                             |                      |                 |              |
| The Articles of Organization for this Limited I. Florida document number L12000082846  | Liability Company   | were filed on $\frac{06/22/201}{}$                        | 2   | and assi             | igned           |              |
| This amendment is submitted to amend the fol   | lowing:   |   |   |                      |                 |              |
| A. If amending name, enter the new name of   | the new name of the limited liability company here:    Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC."     Inable and contain the words "Limited Liability Company," the designation "LLC." |   |   |                      |                 |              |
| The new name must be distinguishable and contain the   | words "Limited Liabi  | lity Company," the designation                            | on "LLC" or the abbrevi                       | ation "L.l           | c."             | _            |
| Enter new principal offices address, if applicable:  |   | 4705 N Michigan Ave                                       | Ø   | ਜ਼ੋ                  | <u></u> ;       |              |
| (Principal office address MUST BE A STREET ADDRESS)  |   | Miami Beach, FL, 3314                                     | 10  | <u> </u>             | 125             | _            |
|  |   |   |   |                      | 83.             |              |
|  |   |   | N Michigan Ave                                |                      |                 |              |
| Enter new mailing address, if applicable:  | 4705 N Michigan Ave   |   |   | 72                   | _ED             |              |
| Aailing address MAY BE A POST OFFICE BOX)  |   | Miami Beach, FL, 3314                                     | 10  | FL(                  | 12              |              |
|  |   |   |   | RE                   |                 | _            |
|  |   |   |   | 7>                   |                 | _            |
| B. If amending the registered agent and/or agent and/or the new registered office addre  |   | address on our records.                                   | enter the name of                             | the new              | <u>regis</u>    | <u>tered</u> |
| Name of New Registered Agent:  | Great Pelican I   | .I.C  |   |                      |                 | _            |
| New Registered Office Address:   | 66 W Flagler S  | t, Suite 900  |   |                      |                 |              |
| rew registered office radiess.   |   |   |   |                      |                 |              |
|  | Miami   |   | Florida <u>33130</u>                          |                      |                 |              |
|  |   | City  |   | ip Code              |                 |              |
| New Registered Agent's Signature, if changing  | Registered Agent:   | •   |   |                      |                 |              |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | per and complete<br>istered agent as <sub>l</sub><br>registered office  | performance of my dul<br>provided for in Chapter          | ties, and I am famil<br>r 605, F.S. Or, if th | liar with<br>is docu | h and<br>ment i |              |

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  |
|--------------|--------------|--|-----------------|
| MGR          | Karine Abbou | 4705 N Michigan Ave, Miami Beach, FL, 33140      | <b>=</b> Add    |
|              |              |  | □Remove         |
|              |              |  | DChange         |
| MGR          | Karine Abbou | 2330 Ponce de Leon Blvd, Coral Gables, FL, 33134 | □Add            |
|              |              |  | 🖻 Remove        |
|              |              |  | 🗆 Change        |
| MGR          | Jacob Abbou  | 2330 Ponce de Leon Blvd, Coral Gables, FL, 33134 | □Add            |
|              |              |  | <b>=</b> Remove |
|              |              |  | □ Change        |
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|   | than the date of fi<br>ne date must be specific<br>in this block does n | c and cannot be prior to<br>of meet the applicable | date of filing or more tha | (optional)<br>on 90 days after filing.) Pursu<br>irrements, this date will n | uant to 605.0207<br>of be listed as t |
| Trective date, if other fan effective date is listed, the Note: If the date inserted locument's effective date                          | on the Department   | of State's records,                                |                            |  |                                       |
| fan effective date is listed, th<br>Note: If the date inserted  |   |  | e, at 12:01 a.m. on the    | earlier of: (b) The 90th   | day after the                         |
| f an effective date is listed, the Note: If the date inserted document's effective date record specifies a delayer                      |   |  | e, at 12:01 a.m. on the    | earlier of: (b) The 90th   | day after the                         |
| fan effective date is listed, th<br>Note: If the date inserted<br>locument's effective date<br>record specifies a delaye<br>d is filed. |   | not an effective time                              | e, at 12:01 a.m. on the    | earlier of: (b) The 90th   | day after the                         |
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