

L16000020526

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(Address)

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(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
COUNTY OF TARRANT

D BRUCE  
JAN 12 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NOEQL, 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:

Darren de Rochemont  
Name of Person

NOEQL, LLC  
Firm/Company

1007 North Bay St.  
Address

Tampa, FL 33603  
City/State and Zip Code

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

For further information concerning this matter, please call:

Darren de Rochemont at (813) 635-6037  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

NOEQL, 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 1/29/16 and assigned Florida document number L16000020526.

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)

**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: Darren deRochemont

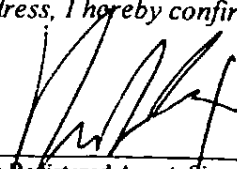
New Registered Office Address: 1007 North Bay St.  
Enter Florida street address

Tampa Florida 33603  
City Zip Code

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**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

... including 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>
<u>MGR</u>	<u>JON Orebaugh</u>	<u>5007 S. QUINCY St</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33603</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>PENINSULAR Ventures, llc</u>	<u>P.O. BOX 130631</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33611</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 CLERK OF DISTRICT COURT  
 1000 N. GORRISON ST.  
 TAMPA, FL 33602

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information, currently blank.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JANUARY, 2 2019

[Signature]  
Signature of a member or authorized representative of a member

Darren deRochemont  
Typed or printed name of signee