L17000200973

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

то:	Registration S Division of Co					
C110 117	NOODZ.					
SUBJECT: Name of Limited Liability Company						
The enci	losed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all corresp	oondence concerning this matter	to the following:			
		Jason Weiss				
			Name of Person			
		Weiss Law Group, P.A.				
			Firm/Company	<u> </u>		
		5531 N. University Drive, #103 Address				
		Coral Springs, FL 33067				
		City/State and Zip Code				
		jason@jswlawyer.com				
		E-mail address: (t	o be used for future annual report noti	fication)		
For furth	er information	concerning this matter, please ca	dI:			
Jason S.	Weiss		954 573 2800			
	Name	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed	l is a check for	the following amount:				
■ \$25 ,0	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

Noodz, LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number $\frac{L17000200973}{L17000200973}$	led on 9/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	oany." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	20 9
	53 5 15
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	100 to 10
	m 9
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	
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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mitchel Zelman	5531 N University Drive Suite 103	Add
		Coral Springs, FL 33067	
			■ Remove
			□ Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change

	5/31/2019
Effec	tive date, if other than the date of filing: (optional) Tective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docur	nent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
Dated	
	heli Ha Award
	Malai Alli Alli Villa
	Signature of a member or authorized representative of a member Walter Harris Walter Flat ()

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Filing Fee: \$25.00