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SEP 21 2009

EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	NOOR DE\	VELOPMENT, LLC	
		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	·
Please return all corr	respondence concerning this matter	r to the following:	
		GEORGE SAYAR	
	,	Name of Person	.
	NOC	R DEVELOPMENT, LLC	
	6639 SOUT	HPOINT PARKWAY, SUITE	107
		Address	
	JACKS	ONVILLE, FLORIDA 32216	
City/State and Zip Code			
		gsayar@sdcorp.com to be used for future annual report notifica	
			tion)
For further informati	ion concerning this matter, please of	call:	
	GEORGE SAYAR	at (904) 72	27-7483
Na	me of Person	Area Code & Daytime T	elephone 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)
М	All INC ADDDESS.	CTDEET/COUDIE	ADDDECC.

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

NOOR DEVELO	<u>DPMENT, LL</u>	_C	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appea liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	JULY 30,2003	and assigned
Florida document numberL02000019201			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company he	<u>re</u> :	
NOOR ENEF			
The new name must be distinguishable and end with the words "Limit L.L.C."	ted Liability Comp	pany," the designation "LI	
Enter new principal offices address, if applicable:			SECRET VISION I
Principal office address MUST BE A STREET ADDRESS)			
•			8 0.34E
••			R RAD
Enter new mailing address, if applicable:			5 . Sign
Mailing address MAY BE A POST OFFICE BOX)			23 EM
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE SAYAR	6639 SOUTHPOINT PARKWAY SUITE 107 JACKSONVILLE, FL 32216	Add Remove
<u>MGRM</u>	GEORGE SAYAR	6639 SOUTHPOINT PARKWAY SUITE 107 JACKSONVILLE, FL 32216	Add Remove
			Add Remove
			Add Remove
	.:		□Add □Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
_			
Dated	SEPTEMBER 16	2009	_
	•	der or authorized terresentative of a member GEORGE SAYAR	
		ed or printed name of signee	2 1218M27

Page 2 of 2

Filing Fee: \$25.00