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JACKETARY OF STATE

D. BRUCE

MAR 2 3 2010

EXAMINER

COVER LETTER

TO: Reg Div	istration Section ision of Corporations	
SUBJECT:	NoArk Enterprises (NAE), 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:	
	Judy U Henry Name of Person	
	NoArk Enterprises (NAE), LLC	
	Firm/Company	
	1660 NE 191 St #412 Address	22: 5
		MAR 22 CHE PARY LAHASSE
	North Miami Beach, Florida 33179 City/State and Zip Code	MAR 22 PM
	noarkenterprise@yahoo.com E-mail address: (to be used for future annual report notification)	PM 1:31
For further in	formation concerning this matter, please call:	F STATE FLORIDA
	Judy Henry at (305) 898-8617 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:	
□ \$ 25.00 Fi	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &

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

NoArk Er (Name of the Limited Liabili	nterprises (NAE), LLC ity Company as it now appears or a Limited Liability Company)	our records.)	
(A Florida	a Limited Liability Company)	 	
The Articles of Organization for this Limited Liability	Company were filed on <u>Feb</u>	ruary 15, 2006 and assigned	
Florida document numberL06000016404	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
		50 B 77	
		ASS. 22	
Enter new mailing address, if applicable:		me = T	
(Mailing address MAY BE A POST OFFICE BO)			
		OR : 32	
		>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		records, enter the name of the nev	
-			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter .	Florida street address	
<u></u>		, 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 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 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 **Type of Action Title** Name 1 **Address** 18011 NW 9 Ave Miami, Florida 33169 MGRM Hayden Gayle ☑ Add □ Remove Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 17 2010 Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Judy Henry
Typed or printed name of signee