

L10 000000 7749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

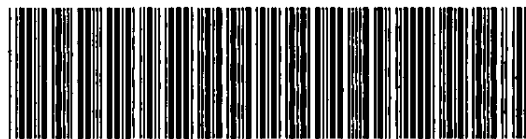
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T. CLINE

MAR 22 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOOR CONTRACTING 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:

ABDULKARIM ALHAGART  
Name of Person

NOOR CONTRACTING LLC  
Firm/Company

1749 NE MIAMI CT #204  
Address

MIAMI, FL 33132  
City/State and Zip Code

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

For further information concerning this matter, please call:

ABDULKARIM ALHAGART at (305) 896-3789  
Name of Person Area Code & Daytime Telephone Number

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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**

NOOR CONTRACTING 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 1-21-2010 and assigned Florida document number L1000000774.9

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 end with 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)

ABDULKARIM ALHAGRI MGR  
REGINA LOPERT MGR

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1749 NE MIAMI  
MIAMI, FL 33133

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TALLAHASSEE FLORIDA

**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:

same 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 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

| Title | Name  | Address                                  | Type of Action   |
|-------|---|--|--|
| MGR   | REGINA JOPPERT                              | 1749 NE miami ct #204<br>miami, FL 33132 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | ABDULKARIM ALHAGRI                          | 1749 NE miami ct #204<br>miami, FL 33132 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM  | <del>REGINA JOPPERT</del><br>REGINA JOPPERT | 1749 NE miami ct #204<br>miami, FL 33132 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Basically we are removing Regina Joppert from  
MGR and adding Abdulkarim Alhagri as  
MGR and putting Regina as an MGRM  
Thank you

Dated 3-17, 2010

Signature of member or authorized representative of a member

ABDULKARIM ALHAGRI  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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