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	,		COVER LETTER	
	gistration Se ision of Cor			
		ESIGN GROUP, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		LISA CARBAUGH		
			Name of Person	
		1050 CAW		
			Firm/Company	
		1050 NW IST AVE, STE	16	
			Address	
		BOCA RATON FLORID.	N 33432	
			City/State and Zip Code	
		1050Carbaugh@gmail.com	to be used for future annual report	NIN 10 LINE IN STREET
For further i	nformation c	oncerning this matter, please c	-	nornealton)
Lisa Carba	igh		561 381-149 at ()	3
	Name o	f Person		ytime Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00 1	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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Se Division of Co Clifton Buildir	rporations 1g e Center Circle

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### NOELL DESIGN GROUP, 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 02/08/2011	and assigned
Florida document number 1.11000016602	

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

1050 CAW LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

		The T
B. If amending the registered agent and/o	r registered office address on our records, enter	mar: e of the new
registered agent and/or the new registered offi	ice address here:	23 F
		in In
Name of New Registered Agent:		
New Registered Office Address:	the second state of the second state of the second	
	Enter Florida street address	•

City

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

\_. Florida \_

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>sor removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			🖸 Add
			Remove
			TALLAHASSEL FLORID
			🗆 Add
			Change
			🗆 Add
			Remove
			Change

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

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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 June 21	2018
AHH	$\mathcal{L}$
	ignature of a member or authorized representative of a member

Mark Noell

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Typed or primed name of signee

Page 3 of 3

Filing Fee: \$25.00