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SECRETARY OF STATE OF CORPORATIONS

9119 OCT 15 PM 3: 03

C. LEWIS OCT 1 6 2012 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Noll ENTERPRISES 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:
Wendy Noll
Noll Exterposes LLC Firm/Company
411 Cleveland 5+ #268
Clearwater, Horida City/State and Zip Code
E-mail address! (to be used for future annual report notification)  G=Zero
For further information concerning this matter, please call:
Name of Person at (8/8) 568 0840  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT 15 PM 3: 04

Woll Ent	terprises o	LLC	
( <u>Name of the Limited Liability</u> (A Florida l	Y Company as it now apper Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L 11 600555</u>	Company were filed on _ ダムし	April 22, 2012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new	
Name of New Registered Agent:	····		
New Registered Office Address:	**************************************		
	Enter Florida street address		
<del></del>		, 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 Title Name **Address Type of Action** MGRM Sean Noll

MGRM Wendy Noll ▼ Add Remove Add 🔁 Remove ☐ Add ☐ Remove Add [ Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated /D-/0 Signature of a member or authorized representative of a member Mike NO!

Page 2 of 2

Filing Fee: \$25.00