

# L120000018840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

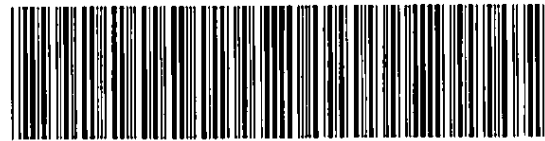
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 MAR 20 AM 10:08  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2023 MAR 20 PM 12:38  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: Amount: \$55.00

Authorization Signature: *[Signature]*  
NOADIA USA L12000018840  
Business Name Document #

X Certified Copy of Articles

Certificate of Status

**NEW FILINGS**

Profit Corp  
Not for Profit  
Limited Liability  
Domestication  
Other  
CORP  
LLLP

**OTHER FILINGS**

Annual Report  
Fictitious Name  
APOSTILLE Country

**AMMENDMENTS**

X Amendment  
Resignation of R.A. Officer/Director  
Change of Registered Agent or office  
Dissolution  
Merger  
Conversion  
Amended and restated Articles  
Revocation of Dissolution

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
Limited Partnership  
Reinstatement  
Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOADIAM USA 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:

STUART R. MORRIS, ESQ.

\_\_\_\_\_  
Name of Person

COZEN O'CONNOR

\_\_\_\_\_  
Firm/Company

1801 N. MILITARY TRAIL, STE 200

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

BOCA RATON, FL 33431

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA E. AHLERS, PARALEGAL SPECIALIST

561 750-3850  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

LED

2023 FEB 20 AM 10:08

DEPARTMENT OF STATE  
TALLAHASSEE, FL

WASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

Article III - The purpose of the Company shall include creating a material positive impact on society

and the environment, taken as a whole, from the business and operations of the Company.

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2023 MAR 20 AM 10:08  
CLERK OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 20

2023

Signature of a member or authorized representative of a member

STUART R. MORRIS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**