*L12000027874

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	-
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
<u>!</u> 		

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COVER LETTER

TO: Registration Section

Division of Corporations

Noah's Ark Academy Naples 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:

Lis Esquilin

Name of Person

Noah's Ark Academy Naples LLC

Firm/Company

860 102nd Ave N.

Address

Naples, FL 34108

City/State and Zip Code

noahsarknaples@gmail.com

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

For further information concerning this matter, please call:

Lis Esquilin

{.,,}239、597-5871

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)

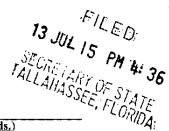
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Noah's Ark Academy Naples 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 03/13/2012 and assigned
Florida document number L12000027874	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
N/A	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	·
Name of New Registered Agent: Lis Esquilin	
New Registered Office Address:	Enter Florida street address
	m
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lis Esquilin	860 102nd Ave N.	✓ Add
			Remove
			Add
			Remove
		-	come re
			Add
			Remove
			Kemove
			Add
			Remove
			Remove
			— □
			Remove
			— · П
	<u> </u>		Add
			Remove

— • • • • • • • • • • • • • • • • • • •	ation, enter change(s) here: (Attach additional sheets, if necessary.)
Change of title t	for Lis Esquilin from President to MGRM
	
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	<u> </u>
_{ed} July 11	2013
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	Sull Xull
Sig	gnature of a member or authorized representative of a member
Lis Esquilin	
	Tundler minted name of signes

Page 3 of 3

Filing Fee: \$25.00