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(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
Noihsaf Co	outure, LLC		20
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	How some the stan
Please return all correspondent	ondence concerning this matter	to the following:	une sin
	Kyerrah M. Batton		CONTOR
		Name of Person	var m
	Noihsaf Couture, LLC		ho satu
		Firm/Company	lek
	7771 NW 37TH Street		
		Address	75 IALI
	Davie, Florida 33024		16 NOV 14
	Kyerrahbrown@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali:	5
Kyerrah M. Batton		786 972-0060	,
Name (of Person		: Telephone Number
Enclosed is a check for t	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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

	Noihsaf Couture, LLC				
	(<u>Nam</u>	e of the Limited Liability Compa (A Florida Limited I	ny as it now appear iability Company)	s on our records.)	
Γhe Articles of (Organization for thi	s Limited Liability Company	were filed on	May 20, 2013	and assigned
Florida documen	ıt numberLl	3000073919			
This amendment	t is submitted to am	end the following:			
A. If amending	g name, <u>enter the n</u>	ew name of the limited liab	lity company he	re:	
Avid Noihsaf,	LLC				
he new name must	t be distinguishable and	contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new princ	cipal offices addre	ss, if applicable:			
Principal office	address MUST Bl	E A STREET ADDRESS)			5 5
					2 誤
					子 第
Enter new mail	ing address, if app	licable:			2 75
(Mailing address MAY BE A POST OFFICE BOX					
			-		5 5
			•		
3. If amendin		agent and/or registered of egistered office address here		our records, enter	the name of the r
	t and/or the new r	gistered office address here	•		
egistered agent	t and/or the new re		•		
egistered agent		Agent:			
egistered agent	of New Registered A	Agent:		ida street uddress	
egistered agent	of New Registered A	Agent:		ida street address , Florida	

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

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

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		A1	Add
			□ Remove
			_☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove Con Con
			Change Child
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(If an effective Note: 1	date, if other than the date of filing:	int to 605.020 of be listed a	17 (3)(b s the
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the the third the record is filed.	e earlier o	of:
Dated _	November 9 2016		
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00