

L14000108176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

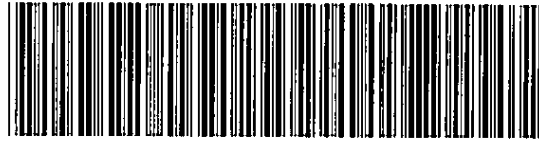
Certified Copies _____ Certificates of Status _____

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RECEIVED

JUL 13 2020

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, D. C. 20540

2020 SEP 15 PM 2:32

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SEP 15 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP 12 PM 12:10

August 23, 2020

MARIA FERNANDEZ
BRITEN LLC
14101 SW 176 TERRACE
MIAMI, FL 33177

SUBJECT: NOBLE FAMILY EDUCATION, LLC
Ref. Number: L14000108176

We have received your document for NOBLE FAMILY EDUCATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 120A00016102

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOBLE FAMILY EDUCATION, 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:

MARIA FERNANDEZ

Name of Person

BRITEN LLC

Firm/Company

14101 SW 176TH TERRACE

Address

MIAMI, FL 33177

City/State and Zip Code

MAYRAPOSE@YAHOO.COM

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

For further information concerning this matter, please call:

MARIA FERNANDEZ

305 303-4042

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NOBLE FAMILY EDUCATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 15 PM 2:33
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/09/2014 and assigned
Florida document number L14000108176.

This amendment is submitted to amend the following:

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

BRITEN HEALTH LLC

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

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

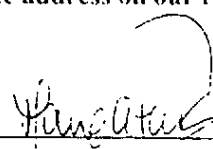
NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

 Pamela E. Jaramila

New Registered Office Address:

N/A

23013 SW 128 Ave
Enter Florida street address

Miami
City

Florida

33170
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 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

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

N/A

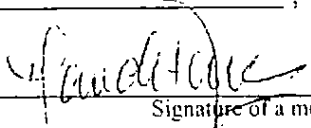
E. Effective date, if other than the date of filing: N/A **(optional)**

(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 JULY 09, 2020



Signature of a member or authorized representative of a member

MARIA FERNANDEZ

Typed or printed name of signee