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SECRE JARY OF STATE OR STORE THE CORPORALIONS

N COOPER JUN 13 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: 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:
Tohai Wlight Name of Person  NW Law CC
4577 N. Nobhill Rd Suite 209
Survise 7 (3335) City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For forther information concerning this matter, please call:
Name of Person at (954) 229 - 4413  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified Copy (additional copy is enclosed)

MAILING ADDRESS:

**( 4** 

TO:

Registration Section

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

NOY INVESTMENTS LLC			
(Name of the Limited Liability Compan (A Florida Limited L.	ty as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/14/20}{10/14/20}$		and assigned	
orida document number 1.14000160136			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabil	lity company here:		
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."	
nter new principal offices address, if applicable:		<b>18</b> 01VIS	
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<u> </u>	
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iter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)		<u>မ</u> မ မ	
		<del></del>	
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here		er the name of the r	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zin 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ben Levy	20900 NE 30th Avenue.	<b>⊟</b> Add
		Aventura FL 33180	□ Remove
		_	Change
			□ Remove
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ective date, if other than the date of (	3ling: 6/1/18		(optional)	
n effective date is listed, the date must be specifi	e and cannot be prior to da	te of filing or more than 90 da	ys after filing.) Pursuant t	o 605 0207
te: If the date inserted in this block does current's effective date on the Department	of State's records.	statutory trang requireme	nts, this date will not be	e listed as :
record specifies a delayed effecti The 90th day after the record is fi	ve date, but not ar led	effective time, at 13	2:01 a.m. on the e	arlier of
5th day of July ted	2018			
		/		
	. C.			

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Filing Fee: \$25.00