## 15000084503

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	⊇ #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: F.C. NOBLES NPPES 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:				
FORLEST C. NOBLES  Name of Person				
Firm Company				
1530 BILLELY AVE				
PENSACOLA M 32507  City/State and Zip Code				
City/State and Zip Code  NO GRAND 5 & S. MASI (-COM  E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
FOREST NOBLES at 850, 304-6497				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee   □ \$55.00 Filing Fee   □ \$60.00 Filing Fee				

7. ·

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

F.C. NOBLES NA	PHS LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000 84503</u>	were filed on <u>05/13</u>	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  HAVY POPNT PATTO & SCIE  The new name must be distinguishable and contain the words "Limited Liab."	EN L.L.C	LC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		ELY AVE A 32507
		3
		2000
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		El 11
·	City	Florida 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 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	Address	Type of Action
			□ Add
			□Remove
			□Change
			DAdd
	<del></del>	□Remove	
	<del></del>	□Change	
		□Add	
		□Remove	
		□Change	
	1711		
		□Remove	
		□ Change	
		□Add	
		Remove	
			Change
			□Add
			Remove
			□ Change

## Page 2 of 3

	tive date, if other than the date of filing: 02/05/2021 (optional)  Meetive 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)
docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	PANULARY 30 2024
	fut Class
	Signature of a member or authorized representative of a member
	FORDEST L NOBLES  Typed or printed name of signee

Page 3 of 3