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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SIEGELAUB, ROSENBERG, GOLDING & FELLER, P.A.

Account Number : I19990000058 Phone : (954)753-2222

Fax Number : (954)753-1123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andrea@ Siegelaub. com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NOBE CAMERA & ELECTRONICS LLC

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Nobe Camera + Electron 1C9 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:

Andrea Simon
Name of Person

Siegelaub, Rosenberg, Golding & Feller
Einn/Company

Address

Caral Springs, Fl. 330 65
City/State and Zip Code

andrea@ siegelaub. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Sumen at (954) 257-7071
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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Nobe Camera & Flech (Name of the Limited Liability Compa (A Florida Limited L | TONICS LL C. NY AN IT NOW ADDRESS OR QUE PECOLOS. L'Ability Company) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 7/8/20 | 15 and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If smending name, enter the new name of the limited liab Nobe Comeras a Clectronic The new name must be distinguishable and contain the words "Limited Liabil | CS. LLC | the abbusinession in I Co |
| The new name must be distinguishable and commin the words "Limited Lines: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 7114 B Collins Hiami Beach F | Ave |
| Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX) | 7114 B Collins A | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | ffice address on our records, <u>e</u> e: | nter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida street address | '2+ In |
| | Clo Florid | 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

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> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3 Filing Fee: \$25.00

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