## L15 000 130 266

(Rec	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
i.		
7980	, 6213	)

Office Use Only



400393708004

##25.00 **+**#25.00

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: NOOS LLC	Name of Lim	ited Liability Company	<del></del>
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Salmah Serrano		
		Name of Person	<del>.</del>
	NOOS LLC		
		Firm/Company	~
	13305 Little Gem Circle		22 DEC 15
		Address	<u></u>
	Fort Myers		 計 年:
	Florida	City/State and Zip Code	փ։ 25 
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Salmah Serrano		at (239 ) 6997173	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee De Street, Suite 810

Tallahassee, FL 32303



November 29, 2022

SALMAH SERRANO 13305 LITTLE GEM CIRCLE FORT MYERS, FL 33913

SUBJECT: NOOS LLC

Ref. Number: L15000130266

22 DEC 15 WW 1- 25

We have received your document for NOOS 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Michael A Hall OPS Clerk

Letter Number: 422A00026319

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOOS LLC  (Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our red Liability Company)	eçords.)
The Articles of Organization for this Limited Liability Compa		
Florida document number L15000130266	,	
londa document number 213000130200		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		N -
Frincipui office duaress MOST BE A STREET ADDRESS		<u> </u>
		S 55
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		4: 2s
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>e</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	addrevs
	Enter r torida street t	
	Cin.	, Florida Zip Code
	City	гір Соае

## 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>	<u>Name</u>	Address	Type of Action
Mr	Roland Serrano -AMBR Authorized Member	Garanner 13305 Little Geny Circle	<b>=</b> Add
	Authorized Member	fort Myers A-33913	□Remove
			□Change
			□ Add
			□Remove
			22@Change
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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. Eff	ective date, if other than the date of filing: 09/01/2022 (optional) 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 60	) 5 A 2 A 7
No	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisument's effective date on the Department of State's records.	sted as
	·	
	cord 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 filed.	er the
	1	
Da	cd = O(1/0), $2022$	

Filing Fee: \$25.00