116000198530

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	Nogi LLC			
NOBJECT	*	Name of Limi	ted Liability Company	
The enclose	ed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		Chen, Christopher		
			Name of Person	10 TO
		Nogi LLC		
			Firm/Company	
		3932 Gypsum Ln		
			Address	
		Orlando FL 32826		
			City/State and Zip Code	
		info@lausconsult.com	to be used for future annual report	
			·	nouncation)
For further	information co	oncerning this matter, please ca	all:	
Pauline Ho)		407 401-976 at ()	8
***	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is	s a check for th	e following amount:	•	
S25.00	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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

Nogi LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 10/27/2016	and assigned
Florida document number L16000198530		
This amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		6 2
B. If amending the registered agent and/or	registered office address on our records, en	ter the name of the
registered agent and/or the new registered offic	e address here:	SE SE
Name of New Registered Agent:		C (7)
New Registered Office Address:		
ivew rogistered office reducess.	Enter Florida street address	->
	, Florida	à
-	City	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
AMBR	Antonio, Aaron	3932 Gypsum Ln, Orlando FL 328 26	Add
			Remove
			☐ Change
			Add
			☐ Remove
		THE ST	☐ Change
			Add
			Remove
			SSEE TO Add
			☐ Change
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			☐ Change
			☐ Remove
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	SVH	<u>~</u>
	SE X	***
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	RIDA	50
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00