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K. SALY SEP 2 0 2017 Ambar Olivarez

Notre LLC

Document Number: 170829084600-000303053380

1434 SE 13th Street Cape Coral, Florida 33990-6733

(323) 972-0258

email: bookings@thenotre.org

Brief Explanation

September 17, 2016

Good afternoon,

I made an error in my former application. As the person filling out the form I assumed I was the sole proprietor opening the business, authorizing the person (Ingrid Ramos, my mom) to manage my business. I essentially opened a business for my mom. However, I'd like to remove her name and correct that I am the sole proprietor of Notre LLC. The amended form is attached. Thank you!

Onward,

Ambar Olivarez

COVER LETTER

TO:		stration Section of Corp			
CHINIE		Notre LLC			
SUBJE	CI: _		Name of Limi	ited Liability Company	
The enc	losed	Anticles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn a	all correspon	dence concerning this matter	to the following:	
			Ambar Olivarez		
				Name of Person	
			Notre LLC		
				Firm/Company	
			1434 SE 13th ST		
				Address	
			Cape Coral, FL 33990		
				City/State and Zip Code	
			bookings@thenotre.org		
			E-mail address: (t	to be used for future annual re	port notification)
For furti	her int	ormation co	ncerning this matter, please ca	all:	
		Name of	Person	at ()Area Code	Daytime Telephone Number
Enclose	d is a	check for the	e following amount:		
□ \$ 25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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 ARTICLES OF ORGANIZATION **OF**



Notre LLC

The Articles of Organization for this Limited Liability Company were filed on August 28, 2017	
Florida document number L17000183824	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, ent registered agent and/or the new registered office address here:	er the name of the n
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	Zip Code
• •	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ingrid Ramos	1434 SE 13th ST	
		Cape Coral, FL 33990	Remove
AMBR			☐ Change
	Ambar Olivarez	1434 SE 13th ST	(Z Add)
	Business Owner	Cape Coral, FL 33990	□ Remove
			Change
			Add Oll Semove Change
			Remove
			□ Change
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

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fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blockward is effective date on the Department's effective date	k does not meet the applicat	o date of filing or more than only ble statutory filing require	(optional) 00 days after filing.) Pursuant to 605.020 ements, this date will not be listed as
record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time, a	t 12:01 a.m. on the earlier o
September 17	2017	_ •	
101			
S	ignature of a member or author	ized representative of a men	nher

Page 3 of 3

Filing Fee: \$25.00