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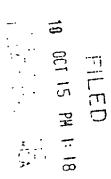
(Req	luestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Flavin Nooney & Person, LLC			
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Barbara Nooney		
			Name of Person	
		Flavin Nooney & Person L	.I.C	
Firm/Company				
	2200 South Babcock Street			
			Address	
		Melbourne, FL 32901		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Barbara Noc	oney		321 725-4700 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

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

Flavin Nooney & Person		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on September 15, 2017	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 I	liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	5 7
		<u> </u>
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	-	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la.
	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>	<u>Address</u>	Type of Action
AMBR	Thomas P. Flavin, CPA, PA	2200 South Babcock Street Melbourne FL 32901	Add
			■ Remove
			Change
AMBR	Thomas P. Flavin & Associates. P.A.	2200 South Babcock Street Melbourne FL 32901	
			Remove
			Change
AMBR	Barbara Nooney, CPA, PA	2200 South Babcock Street Melbourne FL 32901	Add
			Remove
			Change
			Add I
			S ∏ Remove
			— □ Change ∞
			Remove
			☐ Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additiona	
	6
	0 0
	6
F. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(to quirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective tim (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated October 4 . 2018.	
Dated October 4 . 2018. Balloura Normal Signature of a member or authorized representative of a	a member
Barbara Nooncy	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00