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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|---|---|---|--|
| | oliance Associates, LLC | | |
| SUBJECT: | Name of Lim | nited Liability Company | -14.21-79 |
| | | | |
| The enclosed Articles of | Amendment and feets) are sub | unitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kenneth Lee | | |
| | | City/State and Zip Code | |
| | | Finny Company | |
| | 41‡ Colburn Avenue | | |
| | | Address | |
| | Clarks Summit, PA 18411 | | |
| | | City/State and Zip Code | |
| | bob.yeoman@breomplianed | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Kenneth Lee | | 570 905-3599 at () | |
| 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) |
| <u>Mailing Addres</u> Registration : | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | • |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on ou liability Company) | <u>r records.</u>) |
|--|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number L18000000842 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Noreida Partners LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · · · |
| (Principal office address MUST BE A STREET ADDRESS) | | 20 |
| | | E T |
| | | 20 |
| Enter new mailing address, if applicable: | | - T |
| (Mailing address MAY BE A POST OFFICE BOX) | | E U |
| , man can a said a | | # # # |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records Enter Florida stre | |
| | | m |
| | City . | , Florida - Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | performance of my du | ty. I further agree to comply with t ties, and I am familiar with and r 605, F.S. Or, if this document is |

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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Filing Fee: \$25.00