## 118000026890

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:		istration Section ision of Corpor			
CHD H	ect.	Nortay LLC			
SUBJI	LCI:		Name of Lim	ited Liability Company	<u>-</u>
The en	closed	l Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please	retum	all correspond	ence concerning this matter	to the following:	
			Gail Noren		
				Name of Person	
			Nortay LLC		
				Firm/Company	
			12870 TRADE WAY FOU	JR STE 107 PMB 315	
				Address	
			Bonita Springs, FL 34135		
				City/State and Zip Code	
			gail.noren@gmail.com		
			E-mail address; (	to be used for future annual report notific	cation)
For fur	rther in	nformation con	cerning this matter, please c	ail:	
Kirk N	loren			517 488-5705	
		Name of Po	erson	at () Area Code Daytime	Telephone Number
Enclos	sed is a	a check for the t	following amount:		
<b>■</b> \$2	5.00 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)

MAILING ADDRESS:

TO:

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

Nortay LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 01/30/2018	and assigned
Florida document number 1.18000026890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>8</b> روچ
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		ARY ASSI 26
Enter new mailing address, if applicable:		PA PE
		7: ST
(Mailing address MAY BE A POST OFFICE BOX)		9 PM 7:54
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da
	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
MGR	Gail Noren	28685 Wahoo Dr	■ Add
		Bonita Springs FL 34135	Remove
			Change
			Add
			Remove
			Change
			Remove
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	specific and cannot be prior to date of filing or more does not meet the applicable statutory filing re	
ecord specifies a delayed e le 90th day after the recor	ffective date, but not an effective tim I is filed.	e, at 12:01 a.m. on the earlier
February 20	2018	
1/~	·	
10	nature of a member or authorized representative of	mamhar
	Typed or printed name of signee	

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Filing Fee: \$25.00