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12/16/20

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		e Investments, LCC	
	Name of Lim	ned Elaomiy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	la	aren E Cohen	
		Name of Person	
	Noah	To Home Investments, LLC	-
		Firm/Company	
	918	30 Galleria Court #400	
		Address	
	No	aples, FL 34109	
		City/State and Zip Code	
	E-mail address: (uren @ CYPYESSAGPIES.CO	\sim
For further information of	concerning this matter, please ca	all:	
Laure	en E Coher	7 at (234) 545-7077	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	= Investments LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on <u>246-2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9180 Galleria C+ #400
(Principal office address MUST BE A STREET ADDRESS)	Noples FL 34BY
Enter new mailing address, if applicable:	9180 Galleria Cto MTHOO
(Muiling address MAY BE A POST OFFICE BOX)	Naples, FL 34109
	- ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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
			□Add
			□Remove
			□Change
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			□Add
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f an effect Note: T	re date, if other than the date of filing: \(\frac{1-6-300}{the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
e record	rd.
e record rd is file	ad.