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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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OIVISION OF CORPORATIONS
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COVER LETTER

TO:		istration Sec sion of Corp				
ento iez		Nobre Enter				
SUBJEC	υ I :			ited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspor	ndence concerning this matter	to the following:		
			Maria Fatima Nobre-Cantu	ı		
				Name of Person		
			Nobre Enterprises, LLC			
				Firm/Company	_ .	
			562 SW Indian Key Drive			
				Address	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
			Port St Lucie, FL 34986			
				City/State and Zip Code		
			littlebitnobre@gmail.com			
				to be used for future annual repo	ort notification)	
For furth	ner in	formation co	ncerning this matter, please ca	ıll:		
Ramiro	Nobr			772 35927 at ()		
		Name of	Person	Area Code I	Daytime Telephone Number	
Enclosed	I 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 enclose	d) Certified C	of Status &

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

Nobre Enterprises, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 19, 2018 and assigned Florida document number H18000087345 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 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City

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
MBR	Ramiro J Nobre	5936 NW Brenda Circle, PSL, FL 3	Add
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			Change
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Tective date, if other than the date of filing: (op	-tioIV	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at		
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, to be current's effective date on the Department of State's records.	this date will not be listed	i as the
e record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	1 a.m. on the earlie	r of:
ated June 4 2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00