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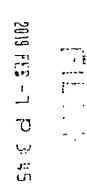
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	NOIR K	EYS LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		<u>T</u>	ISHA ALEXANDER	
			Name of Person	
			NOIR KEYS LLC Firm/Company	
			типисопрану	
		2780 EAS	T FOWLER AVE SUI	ITE 423
			Address	
			TAMPA FL 33612	
			City/State and Zip Code	
		NOIRI E-mail address: (CEYS@GMAIL.COM to be used for future annual report	t notification)
For fu	rther information c	oncerning this matter, please ca	all:	
	Tisha A	lexander	at (954)	675-2313
	Name o	f Person	Area Code Da	sytime Telephone Number
Enclo	sed is a check for t	he following amount:		
⊠ \$2	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration S Division of Co	orporations
		ox 6327 assee, FL 32314	Clifton Buildin 2661 Executiv	ng ve Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NOIR KEYS LLC	
(<u>Name of the Limited I</u> (A	liability Company as it now appearance lorida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on _	2019 FEE - 7 P 3: 45 JULY 23, 2018 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company l	<u>iere</u> :
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Entar El	orida street address
	ther ru	nua siree aaaress
-	City	, Florida Zip Code
		say Server

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, <u>enter the title, name, and address of each person being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TISHA M. ALEXANDER	2780 EAST FOWLER AVE SUITE 423	⊠ Add
		TAMPA FL 33612	Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

Note:	tive date, if other than the date of filing: JULY 23, 2018 (optional) ffective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90th day after the record is filed.
Dated	1_02/4/19
	<u>Maa</u>
	Signature of a member or authorized representative of a member
	KEYSHA Y JAMES Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00