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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORID:

APPROVED AND FILED

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Noble Mountain Investments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tany Alexis Name of Person
Loble Mountain Investments LLC Firm/Company
1845 NE 16951 Address
Miani Fl 33162 City/State and Zip Code
Noble mount ain Truest Quant. (com E-mail address: (to be used for future annual Export notification)
For further information concerning this matter, please call:
Tony Alexis  at (305) 690 3870  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

Nobbe Ma	suntain Investments	s uc		
(Name of the Limited	d Liability Company as it now appears on of A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Lia		1/18 and assigned		
Florida document number LISOCO 2843	<u>02 T</u> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered offi				
Name of New Registered Agent:	1010 111EKI	<b>.</b>		
New Registered Office Address:	Enter Florida si	reet 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 auccu or removed from our records:

MGR = Ma	nager		
$\dot{A}MBR = Au$	thorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tony Alexis	1845 NG 1695 Miani fl 33	162 Add
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		<del></del>	Change
AMBR	Jill Joseph		
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			Change

D. If amending any other information, enter change(s) here: (Attach additional s	sheets, if necessary.)
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	FILE TARY
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	### <b>25</b>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more th Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.0207 (3)(
the record specifies a delayed effective date, but not an effective time, ) The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated Feb 14 2019	
Signature of a nember or authorized representative of a r	
Typed or printed name of signee	

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Filing Fee: \$25.00