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T. LEYIBUX



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOC 16, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 06/20/19	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

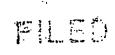
COVER LETTER

TO:	Registration Secti Division of Corpo	don orations				
SUBJE	NOC 16, LLC	c				
SUBJE	C1	Name of Limited Liability Company				
The enc	losed Articles of Ar	mendment and fee(s) are submitted for filing.				
Please r	eturn all correspond	dence concerning this matter to the following:				
		ADRIAN H. FAULKNER				
		Name of Person				
		BARTLETT & FAULKNER, P.A.				
		Firm/Company				
		822 A1A N., SUITE 102				
		Address				
		PONTE VEDRA BEACH, FL 32082				
City/State and Zip Code						
hfaulkner@pontevedralaw.com E-mail address; (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	H. Faulkner	904 285-9993				
	Name of P	at ()				
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is exclused)	atus &			

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



NOC 16 LLC

299 JH 20 A \$ 43

1100 10, 220	
(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigne
Florida document number L19000152805	
Torres document matters	
This amendment is submitted to amend the following:	
•	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation " I C" or the abbreviation " I C'
the new manie mass or distinguishable and contain the words. Entitled Elabor	
Enter new principal offices address, if applicable:	4497 Deep River Way E.
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32224
Frincipal office address MUST BE A STREET ADDRESS!	
S. t	4497 Deep River Way E.
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32224
	PP 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. If amending the registered agent and/or registered of	
egistered agent and/or the new registered office address her	<u>e</u> ;
Name of New Registered Agent:	
THE PARTY OF THE PARTY OF THE PARTY.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Tim Cada

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 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	ADRIAN H. FAULKNER	822 A1A N., Suite 102	
		Ponte Vedra Beach FL 32082	■ Remove
			☐ Change
MGR	ADAM STEIGER	4497 Deep River Way E.	
		Jacksonville, FL 32224	Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
		-	Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change

Affective date, if other than the date of filing: June 20, 2019			_
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	_		_
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.	ote; I	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li-	sted as
The 90th day after the record is filed.		t senective date on the Department of State s records.	
ated June 20 , 2019 .			lier o
ated,,]	ne 20 A A 2019	
\bigcirc \mathcal{N}	ated _		
		Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO:	Registrat Division o					
CITID VII		16, LLC				
SUBJEC	J1: <u></u>		Name of Lim	ited Liability Company	· · ·	
The encl	osed Artic	cles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	sturn all co	nrespond	lence concerning this matter	to the following:		
			ADRIAN H. FAULKNER			
				Name of Person		
			BARTLETT & FAULKN	ER, P.A.		
				Firm/Company		
			822 A1A N., SUITE 102			
				Address		
			PONTE VEDRA BEACH,	, FL 32082		
				City/State and Zip Coo	de	
			hfaulkner@pontevedralaw.c	com to be used for future annu	1	
For furth	er informa	ation con	cerning this matter, please ca		iai report notificatio	ia)
Adrian I	H. Faulkne	टा		904 :	285-9993	
***	7	Name of P	erson	Area Code	Daytime Tele	phone Number
Enclosed	l is a checl	k for the	following amount:			
■ \$25 .	00 Filing I	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & 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