

L19000171071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

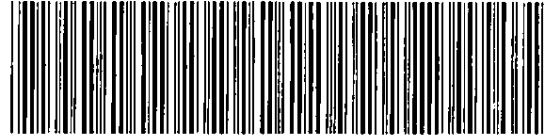
(Business Entity Name)

(Document Number)

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FILE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRONA PROPERTIES 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:

Ken Boggs

Name of Person

NOMA GALLERY LLC

Firm/Company

3510 NE 14th Street

Address

Ocala, FL 34470

City/State and Zip Code

ken@midgettelderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Boggs

352 789-4390
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2009 JUN 26 PM 11:57

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NOMA GALLERY 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 7/1/2019 and assigned
Florida document number L19000171071.

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:

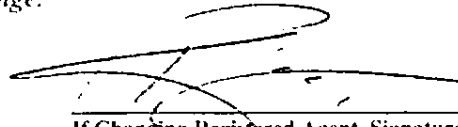
(Mailing address MAY BE A POST OFFICE BOX)

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:

<u>Name of New Registered Agent:</u>	<u>Ken Boggs</u>
<u>New Registered Office Address:</u>	<u>3510 NE 14th Street</u>
	<i>Enter Florida street address</i>
	<u>Ocala</u> , <u>Florida</u> <u>34470</u>
	<i>City</i> <i>Zip Code</i>

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa Midgett	3510 NE 14th Street	<input type="checkbox"/> Add
		Ocala, FL 34470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lisa Irwin	3510 NE 14th Street	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Midgett	3510 NE 14th Street	<input type="checkbox"/> Add
		Ocala, FL 34470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated June 16, 2023

Signature of a member

Signature of a member or authorized representative of a member

Ken Boggs, Authorized Representative

Typed or printed name of signee

2011-05-26 11:57

Filing Fee: \$25.00