

L19000 208 433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

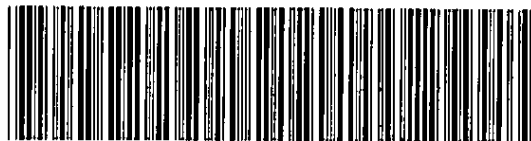
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 9 10:23
FBI - ALBANY
FBI - ALBANY

SEP 10 10:23

NOON MANAGEMENT LLC

September 4, 2019

Via Certified Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

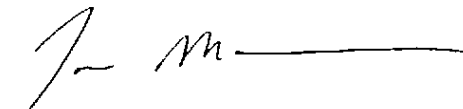
Re: Articles of Amendment to the Articles of Organization of COIRS LLC

To Whom It May Concern:

Enclosed please find Articles of Amendment to Articles of Organization for COIRS LLC (the "**Amendment**") which was formed with your department on or about August 15, 2019. The Amendment sole purpose is to change the name of the company to Noon Health Investments LLC. No change is being made to the registered agent or any authorized persons.

If you have any questions, please feel free to call me at 423-240-2892. I can be reached via email at zach.morris@noonmanagementllc.com.

Very truly yours



Zachary Morris
Associate Counsel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COIRS LLC

Name of Limited Liability Company

SEP -9
AH 10:24
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Morris

Name of Person

Noon Management LLC

Firm/Company

832 Georgia Avenue, Suite 300

Address

Chattanooga TN 37402

City/State and Zip Code

zach.morris@noonmanagementllc.com

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

For further information concerning this matter, please call:

Zachary Morris

423

2402892

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

COIRS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP -9 AM 10:24
ALLAHAS
FALLAHAS

The Articles of Organization for this Limited Liability Company were filed on August 15, 2019 and assigned
Florida document number L19000208433.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Noon Health Investments LLC

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

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee