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COVER LETTER

TO:				
SUBJE	ст: <u>До</u>	BLE ENTERPRIS Name of Li	SES LLC imited Liability Company	
			Ţ.	
Please r	eturn all correspo	ondence concerning this matte	er to the following:	
(additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
		Noble	ENTERPRISES LLC Firm/Company	
		PO Bo	450135 Address	
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		nobleen	lerprises fle gmail c	Om cation)
For furt	her information o			cation)
	JESSIC A Name o	MARTIN of Person	at (<u>954</u>) <u>372</u> Area Code Daytime	7219 Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status &
			Street Address:	tion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOBLE ENTER		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on outed Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Comp	any were filed on 1/3	1 2020 and assigned
This amendment is submitted to amend the following:		
(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		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		in the second
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		L13 Q1
agent and/or the new registered office address here:	ice address on our records	s, enter the name of the new registered
		·
New Registered Office Address:	Enter Florida stre	ret 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>	Address	Type of Action
MGR	JESSICA MARTIN	3171 NW 123RD AVENUE	ĮXiAdd
		SUNRISE, FL 33323	□Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or n	nore than 90 days after filing.) Pursuar	nt to 605.020
e: If the date inserted in this block does not meet the applicable statutory filir ument's effective date on the Department of State's records.	ng requirements, this date will not	be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th d	ay after the
s filed.		
A		
ed <u>OCTOBEIR 15</u> , 2020. Signature of a member or authorized representative		
, /		
MA		