## 120000051140

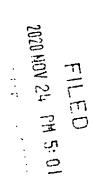
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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
suprece. Nous Marketine an	vd Services LLC
SUBJECT: Novil Marketing an	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Naur	vil Delva Name of Person
	14 Vanity Firm/Company
140 NE 84m	St, Unit 382144
Miami, F1	33138 - 9998 City/State and Zip Code
Naumi @ K	ayyvanity CUM s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Joanna Cusimir Name of Person	at (786) 718 2300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigsiz \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noire Marketing and Se	Crvices LLC	
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000051140</u>	were filed on 2 13 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	III Kane Concourse	ste 518
(Principal office address MUST BE A STREET ADDRESS)	Bay Harbor islands	, Fl 33154-2043
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	2020 NO 24 P CT D ST e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	<del></del>
	Enter Florida street address	
	Florid	
	Ciţ	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 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
AR	Marie B Etien	19545 NW 2ra Ane	□ Add
		Miami FL 33169	Teremove
			□Change
AR	Casimir, Paul	19545 NW 2100 AVE	□Add
		Miumi FL 3:3169	TRemove
			□ Change
AR	Raphael, Kail Rusney	19545 NW 21d Ave	
		Miami FL 33169	□ Add  2020 PRemove □ Lucing Change
			Change
			□Remove
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e: If the date inserted in	n this block does n	ot meet the appli	cable statutory	filing requirements	s, this date will r	not be listed as
ument's effective date o	n the Department	or state's record	<b>S</b> .			
cord specifies a delayed	effective date, but	not an effective	time, at 12:01 a	.m. on the earlier o	of: (b) The 90tl	h day after the
s filed.						
ed Nonembe	r H	202	<u>D</u> .			
	-	A-AS				
	Signature o	I a member or aut	horized represent	ative of a member		