

L20 000089564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

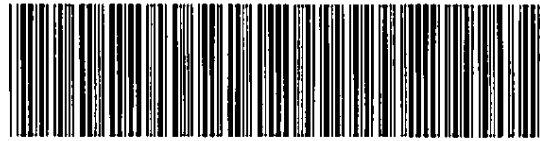
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noahs Paint Shop 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:

Leroy Cadet
Name of Person

Firm/Company

10036 Moorshire Cir
Address

Orlando, FL 32829
City/State and Zip Code

Leroy @ larsartstudios.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leroy Cadet at (407) 655-6416
Name of Person Area Code Daytime Telephone Number

used 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

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

Noahs Paint Shop 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 March 25, 2020 and assigned
Florida document number L2 0006089564

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Micarlo Cadet

New Registered Office Address: 10036 Moorshire Cir
Enter Florida street address

Orlando Florida 32829
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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	Katana Cadet	11230 Iroquois trail	<input checked="" type="checkbox"/> Add
		orlando FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leroy Cadet	10036 Moorshine Cir	<input type="checkbox"/> Add
		orlando, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	Christina Williams	4008 Maguire Blvd	<input checked="" type="checkbox"/> Add
		Apt # 5304	<input type="checkbox"/> Remove
		orlando, FL 32803	<input type="checkbox"/> Change
GR	Joshua Harrison	14704 Laguna Beach Cir	<input checked="" type="checkbox"/> Add
		orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

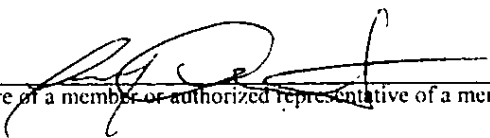
N/A

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Effective date, if other than the date of filing: N/A (optional)
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)
note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: 15 June 2020


Signature of a member or authorized representative of a member

Leroy Ockert
Typed or printed name of signee