L20 000 092884

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		:		
NORCO SUBJECT:	LLC	·		
SUBJECT:				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	ANDRES JOSE CORDER	ANDRES JOSE CORDERO CORUJO		
		Name of Person	 	
		Firm/Company		
	2900 NW 130TH AVE			
		Address		
	SUNRISE, FL 33323			
	NORCO. VENTAS@GMA	City/State and Zip Code IL.COM to be used for future annual report no	tification)	
For further information	concerning this matter, please c	·		
ANDRES JOSE CORDERO CORUJO		954 7563009		
Name	of Person	Area Code Daytii	ne 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 Addr Registration		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORCO LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	(4)
The Articles of Organization for this Limited Liability	Company were filed on 03/20/2020	and Kigned
Florida document number L20000092884		
This amendment is submitted to amend the following:		#5m
A. If amending name, enter the new name of the lin	mited liability company here:	
NORCO GROUP LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	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
			🗆 Add
			□Remove
			Change
			□Add
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			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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. 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 _ 07/13 ANDRES CORDERO CORUJO Typed or printed name of signee