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COVERLETTER

Registration So Division of Cor	ection porations		
SUBJECT: No	randic LLC		
STANDASSA - TV-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Noree	n Novak Name of Person	
	Norana	dic LLC Finn/Company	
	4713 33	and Ave SW Address	
		FL 34116 City/State and Zip Code	
		Onorandic. com to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Noreen N	lovak	at (<u>920</u>) <u>470-2</u> Area Code Daytim	370
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENUMENT

TO ARTICLES OF ORGANIZATION OF

Norandic	LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	(records:))[]: 02
The Articles of Organization for this Limited Liability	Company were filed on	9/20 and assigned
Florida document number <u>L20000180913</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
		
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		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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

or removed	<u>from our records</u> :		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Noreen Novak	4713 32nd Ave SW	□Add
		Naples, FL 34116 US	□Remove
			MChange Title
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
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			□Change
			□Add
			□Remove
			☐ Change

it amenung transitien i erositoj authoriseu to managet enter the title numet unu audress of each person seeme

	<u> </u>
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Note: If	e date, if other than the date of filing:
documer	it's effective date on the Department of State's records.
the record : cord is filed	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 l.
	July 10 . 2000 . Signature of a member or authorized representative of a member
Dated _	•