## LZO 000 270811

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fining Officer.





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## **COVER LETTER**

TO: Registration Se Division of Cor			
<b>/</b> 1/	abilitu	COWS HOUCE TO ON	)
SUBJECT:	Name of Limi	ted Liability Company	<u>,                                     </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	68	Name of Person	EMS
	Nobili	M CONSBUCHE	on 2LC
	5472 4	8M Av. Work	
	St. PETE	City/State and Zip Code  SEUTE WD @ 61 to be used for future annual report notifi	33709
	CAR DEMS E-mail address: (1	SEUTEWD @ 61	141L · Com
For further information c	oncerning this matter, please ca	all:	
<u>CEORE</u>	E CARSENA	1 at ( <u>72-7</u> ) 55 Area Code Daytime	57-8244
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

NobiLity Const	invetion LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 220002708//	were filed on AUGUST 3/2020 assigned  CT T  26 T  27 T  28 T  29 T  20 T
This amendment is submitted to amend the following:	26 LE
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	BREAT V. BEN'NE	14 5260 98th AV. MARK	Add
		PINEILAS PARK FT. 33781	□Remove
			[25] Change
MOR	EVANT. CARDENAS	St. PETE FZ 33709	E Add E
		PINEILAS PARK FT. 33781 5472 4844 AV. NORTH St. PETE FZ 33709	Remove 5
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