12C000315276

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Division of Cor	porations			
SUBJECT:	NOEL O	EXPRESS LLC		
30bieC1	Name of Lin	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:		
	SIVENSON NOEL			
		Name of Person		
	NOEL O EXPRESS LLC			
	<u> </u>	Firm/Company		
	525 SW 8TH STREET APT 11			
		Address		
	BELLE GLADE FL 33430)		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	ıll:		
SIVENSON NOEL		561 516-9000		
Name of	l Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

NOEL O EXPRESS LLC			
(Name of the Lin	uited Liability Company as it now app (A Florida Limited Liability Compan	<u>iears on our records.)</u> iy)	
The Articles of Organization for this Limited lorida document number $\frac{1.20000315276}{1.0000315276}$	Liability Company were filed on	10/06/2020	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:			202
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			· ·
nter new mailing address, if applicable:			A S
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>N</u>
			
. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our	r records, <u>enter the name of t</u>	he new regist
Name of New Registered Agent:	JC TAX SOLUTIONS CORP		
New Registered Office Address:	1100 N MAIN ST SUITE 103		
	Enter F	florida street address	
	BELLE GLADE	, Florida 33430	
	City	Ziq	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
AMBR	SIVENSON NOEL	525 SW 8TH STREET APT 11 BELLE GLADE	FL 33 ■Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
e: If the date inserted in this block does not meet the applicable statutory file	ling requirements, this date will not be listed
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n s filed.	n. on the earlier of: (b) The 90th day after
ed NOVEMBER 12 2020	
SWIPPEDT WELL	

Typed or printed name of signee