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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A NOWL HAVE LCC 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:
Jauen Nubles
Name of Person A Noble Start Firm/Company
502 Southvidge Rd
Clarment fc 34711 City/State and Zip Code
E-mail address: (to be used for future angular report notification)
For further information concerning this matter, please call:
Tauan Name of Person at 45 583 7040 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

A Noble Start	110
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ 0000 32112</u>	were filed on $\frac{10 Z 20}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
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)	502 Southridge Read Clarmont Cl 34711 502 Southridge Road Clermont, Fl. 34711
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If ame Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or remo om our records:			
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR.	Amoy K. Young	502 Southridge Rd Clement	£ □Add
		<u></u>	Remove
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Effective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
documen	t's effective date on the Department of State's records.
	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
ord is filed	. The second of
Dated	12/4/23 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee