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T. MATTHEWS

UUT 27 2021

COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
P&J NOQI	UELI SERVICES LLC		
SUBJECT:	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:	
	PETERSON NOQUELI		
		Name of Person	
	P&J NOQUELI SERVICE	S LLC	
		Firm/Company	
	4834 MARKS TERRACE		
		Address	
	ORLANDO FL 32811		
		City/State and Zip Code	
	JULIANAMGAVIAO@HC		
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
JULIANA KARFITSAS	S	321 4365110 at ()	
Name (of Person		e Telephone Number
Enclosed is a check for t	he 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 Address		Street Address:	ation
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&J NOQUELL SERVICES LLC

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· hut the

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Compan	y were filed on 04/21/2021	and assigned
Florida document number <u>L21000186382</u>	······································		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
SAME			
The new name must be distinguishable and contain the v	vords "Limited Lial	bility Company." the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	SAME	
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAAME	
		·	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office ss here:	address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida street aa	ldress
			. 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

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		Address 21 007 18 PM12: 16		
<u>Title</u>	<u>Name</u>	Address 21 007 18 PM12: 16	Type of Action	
MGR	LUCAS MARTINS PEREIRA	5168 CONROY RD #1633	≣ Add	
		ORLANDO FL 32811	□ Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
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	·		Remove	
			□Change	

ADD NEW MGR	71.10
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asing data if athorses as a second of filling	7 - 22 - B
ctive date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605,020
\mathbf{E} If the date inserted in this block does not meet the applicab	le statutory filing requirements, this date will not be listed as
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
med.	
d OCTOBER 11	
	. •
	zed representative of a member

Typed or printed name of signee