KZ1000238115

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

Office Use Only



500367428935

RECEIVED

06/15/21--01015--007 **25.00

2021 JUN 14 PH 1: 53

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	J NOOR LI	LC	
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NOOR FADEL MORRAF	ł	
		Name of Person	
	J NOOR LLC		
		Firm/Company	
	381 POINCIANNA DRIV	Е	
		Address	
	PORT ORANGE , FL 321	27-4858	
		City/State and Zip Code	
	SALES@PANAVENT.CO	M	
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
JOSEPH		954 909-9641 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of C P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of ' 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J NOIOR LLC	C	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.21000238115}{1.000238115}$.	were filed on <u>05/21/202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 ADDRESS)		22
		The state of the s
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		PH
		္ တ
		Ξ_{i} . ω
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records	s, enter the name of the new register
Name of New Registered Agent:	- 	
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	Ciţy	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NOOR FADEL MORRAR	381 POINCIANNA DRIVE, PORT ORANGE,	= Add
		FL 32127-4858	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			_ 22 □Add
			Add Remove
			Chànge -: SlAdd
		7)**	□Remove
		 -	□Change
<u>.</u>			🗆 Add
		-	□Remove
			□Change
			□Add
			Remove
			□Change

				 _			
-							
	. <u> </u>						
		<u> </u>				-	·
	·						
			. <u>.</u>		<u> </u>	202	
					 : ·	1 Juli	• 🚎
······································			·	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<u> </u>	<u>.</u>
					7. 7 <u>.</u>	PH	_.
				· -		т. თ	<u></u>
					<u></u>	_ ပိပ်	
					-		
Tective date, if other than an effective date is listed, the date	the date of filing must be specific and	g: Leannot be prior	to date of filing	or more than 90 day	(optional) s after filing) B	hireirint ta	. 605 n)
ote: If the date inserted in thi	s block does not n	neet the applic	able statutory f	iling requirement	ts, this date w	ill not be	listed a
ocument's effective date on th	e Department of S	State's records.					
1 .~ 11	ctive date, but not	an effective ti	me, at 12:01 a.	m. on the earlier	of: (b) The	90th day	after th
ecord specifies a delayed effe							
record specifies a delayed effe is filed.							
is filed.		2021					
is filed.	<u> </u>	. 2021		?			
is filed.	A	001		7			
record specifies a delayed effer is filed. ated 66 / 08	Signature oka r	001	orized representa	tive of a member			_
is filed.	Signature oka r	member or author	orized representa	tive of a member			_

energy to the second second second second