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(Re	questor's Name)	
		
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Certified Copies	_ Certificates	of Status
Special Instructions to		
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Office Use Only



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08/08/22--01020--011 **25.00





October 26, 2022

ADRIAN OLIVA

701 BRICKELL KEY BLVD CU-02 MIAMI, FL 33131

SUBJECT: NOLE HOLDING LLC Ref. Number: L21000265057

We have received your document for NOLE HOLDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L18000099888

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams EXECUTIVE ASSISTANT

Letter Number: 522A00024065

COVER LETTER

	egistration Sec vision of Corp			· , ,
	Nole Holdin	g LLC		•
SUBJECT	:	Name of Limited Liability Company		
The englass	nd Articles of S	Amendment and fee(s) are subr	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter t	to the following.	
		Adrian Oliva		
			Name of Person	
		NH Enterprises LLC		
			Firm/Company	
		701 Brickell Key Blvd CU-	-02	
			Address	
		Miami, FL 33131		·
			City/State and Zip Code	
		aoliva@londonolive.net		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ea	all:	
Adrian Oli	iva		954 8302189 at ()	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclosed i	s a check for th	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)
R D P	Iailing Addres Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of T	porations Tallahassee
-	P.O. Box 632			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Note Holding LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Clorida document number <u>L2100265057</u> .	y were filed on 5/11/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
Brickell Diversified LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	202 AU
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 PH 3:0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist
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 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 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□ Remove
			Change
-41-			\Add
		□Remove	
			□ Change
			□Remove
			□ Change

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Signature of a member or authorized representative of a member	