L21000 450192

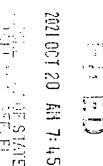
(Re	questor's Name)	
(Ad	dress)	
,		
	dress)	
(Ad	aress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D)	siness Entity Nar	
(Bu	isiness Entity ivar	пе)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
		
Special Instructions to	Filing Officer.	
<u> </u>		<u> </u>

Office Use Only



500373718415

10/20/21 -01010--014 ++25.00



A. BUTLER OCT 29 2021

COVER LETTER

TO:

TO: Registration S Division of Co			,
	Services, LLC	·	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Tiffany Bainbridge		
		Name of Person	
	Noble Ink Services LLC		
		Firm/Company	
	11175 Creek Haven Drive		
		Address	
	Riverview FL 33569		
	nobleinkservices@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Tiffany Bainbridge		407 497-2638 at ()	
Name	of Person	Area Code Daytime	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noble Ink Services LLC

2021 OCT 20 AH 7: 1.8

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

1 Trans of the Bins	(A Florida Limited	Liability Company)	207
The Articles of Organization for this Limited I	Liability Company	cuera filad on 10/15/2021	THE OF STATE
	Liabinty Company	were med on	and assigned
Florida document number L21000450192	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
Trincipul Office dualess MCST BL A STRE	<u>LI ADDRESSI</u>	·	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE	E BOX)		
D. If amounding the projection of a good and/our			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, ent	er the name of the new register
agent and of the new registered office and a	cos nere .		
N. CN. D. I. I.	N/A		
Name of New Registered Agent:	177.1		
New Registered Office Address:			
		Enter Florida street ada	ress
			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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tiffany Bainbridge	11175 Creek Haven Drive Riverview FL 33569	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change

	· · · · · · · · · · · · · · · · · · ·				
		· -			
					
			····		
			, - ,		

ective date, if other than to effective date is listed, the date rete: If the date inserted in this cument's effective date on the	nust be specific and cannot block does not meet the	applicable statutor	ng or more than 90 day		
cord specifies a delayed effects filed.	tive date, but not an effe	ctive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
October 18					

Typed or printed name of signee