## L72000021569

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	Group LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Noah Ward		
		Name of Person	
	Noah Ward Group LLC		
		Firm/Company	
	10156 Canaveral Circle		
		Address	
	Sarasota, FL 34241		
	noahrealestate19@gmail.co	City/State and Zip Code m	
		to be used for future annual report notifica	ition)
or further information c	oncerning this matter, please c	all;	
Noah Ward		715 531-8021 at ()	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres Registration S		Street Address: Registration Section	on

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Noah Ward Group LLC (Name of the Limited Liability Company as it now appears on our records.) 4:03

(A Florida Limited Liability Company)

SECRETABLY OF COLUMN The Articles of Organization for this Limited Liability Company were filed on 01/05/2022/HASSEE, FL and assigned Florida document number 1.22000021569 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Noah Ward LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida \_\_

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>	Name	Address	Type of Action
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			□ Change
			□Remove
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(If an effect Note: I	re date, if other than the date of filing:	
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated _	03-15-2022	
	Signature of a member or authorized representative of a member	
	Signature of a frequency of authorized representative of a member	