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SEURE MAY 25 PM 2: 50

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Notice + Plus LL C Name of Limited Liability Company
The en	iclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Francisco Touron III Name of Person
	Touvon Law Firm/Company
	2665. S. Bayshore Drive, Ste. 300
	Miami, FL 33133 City/State and Zip Code Frank O touron law. Com E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	Claudia Mendez at (305) 878-5106 Name of Person Area Code Daytime Telephone Number
	ied is a check for the following amount: 15.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Notice + Plus	LLC	2022 MAY 25 PM 2: 50
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appear iability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on	2 21 2022 and assigned
Florida document number <u>L 22 000 0 9 4 7 9 3</u>		*
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "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 BON)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	. , ,	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paching filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in C	my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Claudia Mendez	2665. S. Bayshore Dr.	XAdd
		Ste 300	□Remove
		Miami, FL 33133	□Change
MCR	Wendy Martin	2665. S. Rayshore Dr.	XAdd
	1	Ste. 300	
		Miami, FL 33133	□ Change
AMBR	Francisco Touron III	2665 S. Rayshove Dr.	□Add
		Ste. 300	□Remove
		Miami, FL 33133	Change
			□Add
			□Remove
			Change
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