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COVER LETTER

Division of Cor			W 1		
Noah Telly					
UBJECT:	Name of Lim	ited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	James Baker				
		Name of Person			
	James Baker & Associates	: Corp			
		Firm/Company			
	1401 Brickell Ave, Ste 33	0			
		Address			
	Miami, FL 33134				
		City/State and Zip Code	· 		
	compliance@jameshakercp				
		to be used for future annual report noti	dication)		
or further information c	oncerning this matter, please c	all:			
lames Baker		866 610-9493 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
inclosed is a check for the	ne 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 Addres		Street Address: Registration Se	ction		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOAH TELLY LLC				
(<u>Namy of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears or ted Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Comparing the Horida document number 1.22000170715	any were filed on $\frac{04/08}{}$	/2022	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited i	liability company here:	;		
Noah Tellington LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	mation "LLC" or the abbr	eviation "L.I.&"	
Enter new principal offices address, if applicable:			- :A	
(Principal office address MUST BE A STREET ADDRESS	<u>-</u>	, <u> </u>	- 	
			TP EX	
Enter new mailing address, if applicable:			<u></u>	<u>``</u> ;;
(Mailing address MAY BE A POST OFFICE BOX)			7	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our reco	ords, <u>enter the name</u>	of the new regi	stered
Name of New Registered Agenc.		-		
New Registered Office Address:	Enter Florida	ı street address		
		. Florida		
 ,	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			
Thereby accept the appointment as registered agent and	agree to act in this cap	pacity. I further agre	e to comply wi	th the

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
			□Add
			Remove
			□Change
			□Add
			Remove
		 -	Change 17
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Effective date, if other than the	e date of filin	g:			(optional)	
Note: If the date inserted in this document's effective date on the	block does not i	meet the applic	able statutory i	or more than 90 da filing requiremen	ys after filing, i Pursi its, this date will r	not be listed as
he record specifies a delayed effect ord is filed.	ive date, but no	t an effective ti	me, at 12:01 a	.m. on the earlie	of: (b) The 90tl	i day after the
Dated August 26th		2022				
izated	7	7 11	1	,		
		Colon	` `	ative of a member		

Typed or printed name of signee