

h22 000222464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JUN -9 AM 11:11
FBI - ALBANY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nolbas Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Sablon
Name of Person
Nolbas Group LLC
Firm/Company
1952 Conway Rd Apt 2
Address
Orlando, FL 32812
City/State and Zip Code
crystal.sablon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Sablon 954 937-8828
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

2022 JUN -9 AM 11:11

Nolbas Group LLC

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

FALL ARBOR, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/11/2022 and assigned
Florida document number L22000222464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nolbas 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:

4315 Blonigen Ave

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32812

Enter new mailing address, if applicable:

4315 Blonigen Ave

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32812

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:

Crystal Sablon

New Registered Office Address:

4315 Blonigen Ave

Enter Florida street address

Orlando

Florida 32812

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.

crystal sablon

crystal sablon MAY 15 2022 11:51 EDT

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

crystal sablon

crystal sablon

Filing Fee: \$25.00