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To:

Division of Corporations

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: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NOC GROUP LLC**

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C. BRUMBLEY

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NOC GROUP LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000368402</u> .	ny were filed on 08/22/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202 702 702 702 702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P 19 MII: 47
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:	

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 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
AMBR	ANDRES HERNAN ORTIZ SILVA	7901 4TH ST N STE 300	X ì Add
		ST. PETERSBURG, FL 33702	□Remove
			☐ Change
AMBR	ANDRES HERNAN SILVA	7901 4TH ST N STE 300	DAdd
		ST. PETERSBURG, FL 33702	X ìRemove
			□Change
			🗆 Add
			□Remove
			□Change
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			Change

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		<u></u> _	·	

Note:	tive date, if other than the date of filit ffective date is listed, the date must be specific at If the date inserted in this block does not ment's effective date on the Department of	t meet the applicable sta	(option of filing or more than 90 days after attutory filing requirements, this	onal) filing.) Pursuant to 605.0207 (3 s date will not be listed as the
	ord specifies a delayed effective date, but no iled.	ot an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
ord is l	. 09/19	2022		
ord is f	00/10			
Dated	D. PI	a member or authorized re	epresentative of a member	-A.M.
	D. PI	a member or authorized re	epresentative of a member	

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