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## **COVER LETTER**

	egistration Sedivision of Corp				
CUBICT	Noko Merca	antile. LLC			
SUBJECT	:	Name of Lim	ited Liability Company		<del></del>
		Amendment and fec(s) are sub	-		
riease ieu	nt all correspon	Jennifer Till	to the following.		
			Name of Person		<del></del>
		<del></del>	Firm/Company		<del></del>
		2288 Harrier Way			
			Address		
		Nokomis, FL 34275			
		instructor@nokoblue.com	City/State and Zip Code		
F 61	1-6		to be used for future annual re	port notification)	
For further	information co	oncerning this matter, please ca	all:		
Jennifer Ti			715 307- at ()	-5757	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Noko Mercantile, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	)
	0.50.00.00	
The Articles of Organization for this Limited Liability Com	npany were filed on 9/8/2022	and assigned
Florida document number L22000393321		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Noko Blue, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Catanana maintain de Comendada de Completa de Completa de Completa de Completa de Completa de Completa de Comp		
Enter new principal offices address, if applicable:		~
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	<u> </u>
		) . .>)
		(C)
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		·
		**
		မှ
3. If amending the registered agent and/or registered one and/or the new registered office address here:	ffice address on our records, <u>enter tl</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	P . 19 . 1	
	Enter Florida street address	
<u></u>	, Flor	
	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.

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
		<del></del>	□Remove
			□Change
			⊡Add
			□Remove
		<del></del>	□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Петюvе
			□ Change

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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> 1	ve date, if other than the date of filing:
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized proposentative of a member
	Jennifer Till  Typed or printed name of signee