

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003533193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: EFILE 1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOUIESTORE L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 18 2022

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

(((H220003533193)))

TO:	Registration Se Division of Cor	ction porations	* "		. ,
	o om		STORE L.L.C.		
SUBJI	ECT:		ited Liability Company		
The en	elosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Picase	return all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
			Firm/Company		
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO			
For fu	rther information c	E-mail address: (oncerning this matter, please o	to be used for future annual r all:	report notification)	
LOVE	ETTE DOBSON		1 888	34623453	
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclos	sed is a check for t	ne following amount:			
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		<u>Street Ad</u> Registra	Idress: ition Section	
	Division of C		Division	n of Corporation	ns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

(((H220003533193)))

10/17/2022 08:50.40 GDT

(((H220003533193)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NOUIESTORE L.IC	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L22000408384	ty Company were filed on 09/19/2022	and assigned
This amendment is submitted to amend the following	D.	
A. If amending name, enter the new name of the	limited liability company here:	
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:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	V	20
B. If amending the registered agent and/or registoragent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	re: Enter Florida street address	ame of thonew registers OCT 17 PM 12: 32
_	, Florida	Zip Code
	Ciţ	г ір Соав

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

Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000353319 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TREY NICHOLSON	17603 SW 155TH CT	≘ Add
		MIAMI FL 33187	□Remove
			□Change
			□Remove
			☐ Change
			□Remove
			∏Change
			FlAdd
			□Remove
			□Chunge
			□Add
			□Remove
			□Change
			[] Add
			□Remove
			□Change

_					
_		-	1414		
=					
-					
-					
-					
_					
_					
-		·····			
-			B		
-					
_					
_					
-					
-	······				
		0.001		4	
(If an eff <u>Note:</u>	ive date, if other than the da fective date is listed, the date most be If the date inserted in this block nem's effective date on the Depa	specific and cannot be prior does not meet the applic	able statutory filing r	(optional) than 90 days after filing equirements, this date	2) Pursuant to 605,0207 (3)
ne recor ord is til	rd specifies a delayed effective da led.	nte, but not an effective ti	me, at †2:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
Dated	OCTOBER 14	. 2022	<u> </u>		·
		Francley mature of a member or author	merinier		10.00
٠	Sig	nature of a member or author	orized representative of	a member	
		Francley 1	Merizier		

Filing Fee: \$25.00