## 123000085184

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## **COVER LETTER**

	Registration Se Division of Cor						
en marer		STRUCTION SVS LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	·				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		NELSON O AYALA MEI	.GAR				
		-	Name of Person				
	NOAM CONSTRUCTION SVS LLC Firm/Company						
	216 CRAFT ST						
		-	Address				
	PENSACOLA , FL 32534  City/State and Zip Code nelonoam99@icloud.com						
		<del>-</del>	to be used for future annu	al report notifi	cation)		
For furthe	er information co	oncerning this matter, please co	all:				
NELSON O AYALA MELGAR		850 3 at ()	378-6772				
	Name o	f Person	Area Code	Daytime	Telephone Number	2003 ES	चरंग १
Enclosed	is a check for th	ne following amount:					w 1
□ <b>\$2</b> 5.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fer Certified Copy (additional copy is e		Certified (	e of Status & 🖳	) () ()

TO:

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

## NOAM CONSTRUCTION SVS LLC

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

The Articles of Organization for this Limited I.	jability Company were	filed on 02/16/2023	and assig	ned
Florida document number 123000085184				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "L.L.G	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
		<u></u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or	ravietarad affice addr	oce on our records, enter the	name of the new !	registered
agent and/or the new registered office addre		ess on our records, enter the	: :	• 4
			1	•
Name of New Registered Agent:				
New Registered Office Address:	216 CRAFT ST		معند ان دین مدایا	•
		Enter Florida street address	구날 무	·
	PENSACOLA	Floric	la 32534	
	(	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 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
MGR	JOSE D AYALA SANTAMARIA	3428 TWO SISTERS WAY PENSACOLA, FL 3250	5 □Add
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			□Change
			□Add
			□Remove
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ective date, if other than the dat effective date is listed, the date must be	e of filing:		(optional)	다 유
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior does not meet the applic	to date of filing or more the able statutory filing rec	nan 90 days after filing. quirements, this date	) Pursuant to 605.020 will not be listed a
ument's effective date on the Depar			-	
cord specifies a delayed effective da s filed.	te, but not an effective ti	ime, at 12:01 a.m. on th	ie earlier of: (b) Th	e 90th day after th
NOVEMBER 20TH	. 2023			
		orized representative of a		

Filing Fee: \$25.00

Typed or printed name of signee