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## **COVER LETTER**

	gistration Se vision of Cor				
SUBJECT:	NORATON	k, LLC			
зовятет.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please returr	all correspo	ndence concerning this matter	to the following:		
		HONGWEI SHANG			
			Name of Person		
		THE LAW OFFICE OF H	ONGWEI SHANG, LLC		
			Firm/Company		
		7350 SW 89TH STREET.	SUITE 100		
		<del></del>	Address		
MIAMI, FL 33156					
		- HSHANGLAW@GMAIL.	City/State and Zip Code		
		<del>-</del>	to be used for future annual report notification)		
For further in	nformation co	oncerning this matter, please c	all:		
HONGWEI	SHANG		305 670-5266		
	Name of	f Person	Area Code Daytime Telephone Number		
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is enc	us &	
	iling Address		Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations		
	). Box 632 llahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 41	nanassee, f	L. JZJ14	Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORATON, LLC		
( <u>Name of the Limited I</u> (A F	iability Company as it now appears on our florida Limited Liability Company)	· records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L23000094759</u>	lity Company were filed on <u>02/22/202</u>	3 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registagent and/or the new registered office address he had no New Registered Agent:	stered office address on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida stree	t address
_	Cin <sup>,</sup>	, Florida Zip Code
New Registered Agent's Signature, if changing Regi	•	хүг соги
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regicompany has been notified in writing of this cha	gent and agree to act in this capacit and complete performance of my dua red agent as provided for in Chapter istered office address, I hereby conf	ties, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	NIGHTINGALE NGO	6890 SW 128 ST	
		MIAMI, FL 33156	■Remove
AMBR	REVOCABLE TRUST OF	6890 SW 128 ST	<b>=</b> Add
	NIGHTINGALE NGO C/O: NIGHTINGALE NGO, TRUSTEE	MIAMI, FL 33156	□Remove
			Change
			□Add
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ffective	date, if other	r than the date the date must be sp	of filing:			(	optional)	
<u>iote:</u> If	the date inserte	the date must be sp d in this block do te on the Departn	oes not meet tl	he applicable	te of filing or mo statutory filing	re than 90 days requirements	after filing.) Pursi , this date will r	iant to 605.0207 ( lot be listed as t
record s is filed		ed effective date	, but not an ef	Tective time,	at 12:01 a.m. o	n the earlier o	f: (b) The 90th	day after the
ated	June	/3	<u> </u>	2024				74
		CA	17 -	<del></del>				•
		The state of the s	411 M	2	I representative (			

Filing Fee: \$25.00

Typed or printed name of signee