## L23000 114453

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500403502875

2023 MAR 23 PH 1: 47

S. FRANKLIN MAY 13 2023

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	rporations			
Lady8 cloti	hing. LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Troy McGhee			
		Name of Person	<del></del>	
	Noble Atelier, LLC			
		Firm/Company	<del></del>	
	7901 4th St. N Ste 8180			
		Address		
	St. Petersburg, FL 33702			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>	
	noble@noble-atelier.com			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Troy McGhee		770 316-0165		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 6327		The Centre of T	· ·	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it now appears on our record ited Liability Company)	<u>is.</u> )
(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on March 06, 2023	and assigned
lorida document number L23000114453		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	. 🔀
Enter new principal offices address, if applicable:	4	= 1
Principal office address MUST BE A STREET ADDRES.	<u> </u>	2
		3 o 11
Enter new mailing address, if applicable:	P.O. Box 30565	Pit F
Muiling address MAY BE A POST OFFICE BOX)	3330 Fairchild Gardens Ave	· · ·
Studing Marcos MAI DEATOST STITCE TOM	Palm Beach Gardens, FL 3342	.0
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	68
		orida
	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
MGR Noble Atelier LLC	Noble Atelier LLC	7901 4th St. N	<b>=</b> Add
		STE 8180	
		St. Petersburg, FL 33702	Change
AMBR Troy McGhee	Troy McGhee	3330 Fairchild Gardens Ave	□Add
		Unit 30565	□Remove
		Palm Beach Gardens, FL 33410	■Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			Remove
			□Change
		<del></del>	Remove
			□ Change
			□Add
			Remove
			□Change

<u>-</u>	
-	
-	
_	
-	
-	
•	
-	
-	
-	
-	
_	
	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
E. Effect (If an eff	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	March 15 2022
Dated	March 15 2023
	Signature of a number of authorized representative of a member
	<b>9</b>
	Troy O McGhee

Typed or printed name of signee