

L23000208047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

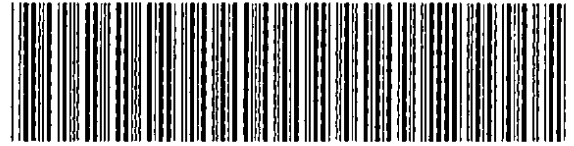
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SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOT

AUG 19 2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Noble Home Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rick Billbrey  
Name of Person

Noble Home Services LLC  
Firm/Company

10259 Sandy Hollow Ln.  
Address

Bonita Springs, FL 34135  
City/State and Zip Code

rick@Noblehomesvcs.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Rick Billbrey at (239) 289-5187  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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**

Noble Home Services 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 Liability Company were filed on April 27, 2023 and assigned Florida document number L23000208047.

This amendment is submitted to amend the following:

**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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Richard Billbrex

New Registered Office Address:

10259 Sandy Hollow Lane

Enter Florida street address

Bonita Spgs

City

Florida

34135

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.*

Richard Billbrex

**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>	<u>Address</u>	<u>Type of Action</u>
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<u>mgr</u>	<u>Sherilynn Bilbrey</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

<u>v.p</u>	<u>Derin Bilbrey</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: July 1st, 2023 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 19th, 2023.

  
Signature of a member or authorized representative of a member

Richard Bilbrey  
Typed or printed name of signee