

123000220398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

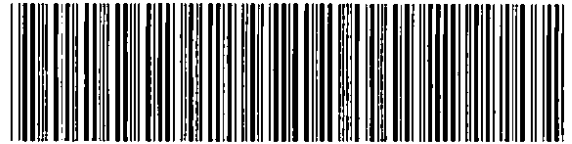
(Document Number)

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2011-01-10 10:00:00

2011-01-10 10:00:00

TO: Registration Section
Division of Corporations

SUBJECT: Noemi Rose 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:

Ruth N. Lugo
Name of Person

Noemi Rose LLC
Firm/Company

464 Corniche Way APT 200
Address

Lake Mary, FL 32746
City/State and Zip Code

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

For further information concerning this matter, please call:

Ruth N. Lugo at (407) 773-3271
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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ruth N. Lugo	464 Corniche Way	<input type="checkbox"/> Add
		APT 200	<input checked="" type="checkbox"/> Remove
		Lake Mary, FL 32746	<input type="checkbox"/> Change
AMBR	Ruth N. Lugo	1150 NW 72nd Ave	<input checked="" type="checkbox"/> Add
		Tower 1 Ste 455 #10499	<input type="checkbox"/> Remove
		Miami, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (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 June 6, 2023

Ruth W. Leeper
Signature of a member of authoring team

Signature of a member or authorized representative of a member

Ruth N. Lugo

Typed or printed name of signee