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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2023 SEP 25 PH 3: 23

SECRETARY OF STATE DIVISION OF CORPORATIONS

Y. SCOTT SEP 2 5 2023





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2023

RUTH NOEMI LUGO 464 CORNICHE WAY APT 200 LAKE MARY, FL 32746

SUBJECT: NOEMI ROSE LLC Ref. Number: L23000220398

We have received your document for NOEMI ROSE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

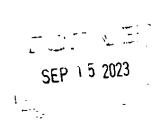
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 023A00019190



COVER LETTER

_	gistration Se ision of Cor				
CUDIECT.	Noemi Ros	e LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Ruth Noemi Lugo			
			Name of Person		
		Noemi Rose LLC			
			Firm/Company		SE 2023
		464 Corniche Way Apt 20	0		SECHETARY DIVISION OF CO
			Address		25
		Lake Mary, FL 32746			SECKETARY OF STATE DIVISION OF CORPORATIONS 2023 SEP 25 PH 3: 23
			City/State and Zip Code		3: 23
		itsruthnoemi@gmail.com	to be used for future annual report not	ification)	ω .,
For further in	nformation c	oncerning this matter, please c		mean,	
Ruth N. Lug	ġO		4()7 773-371 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Hahassee, I	Section Torporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noemi Rose LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on May 4, 2023 and assigned
Florida document number L23000220398	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3005 W. Lake Mary Blvd Suite 111 PMB 1008
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746
Enter new mailing address, if applicable:	3005 W. Lake Mary Blvd Suite 111 PMB 1008
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regis
Name of New Registered Agent.	9 F.S.F.
New Registered Office Address:	Enter Florida street address
	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>	<u>Address</u>	Type of Action
AMBR	Ruth N. Lugo	1150 NW 72ND AVE TOWER 1 STE 455 #10499	🗆 Add
		MIAMI, FL 33126	UAGG
		MIAMI, 11233120	= Remove
			□Change
AMBR	Ruth N. Lugo	464 CORNICHE WAY APT 200	□Add
		ΑΡΓ 200 LAKE MARY, FL 32746	🗆 Add
			Remove
			□Change
AMBR	Ruth N. Lugo	3005 W Lake Mary Blvd Suite 111 PMB 1008	= Add
		Lake Mary, Fl. 32746	
			□Remove
			Change Change SECOSE SE
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ive date, if other than the date of filing:	3005 W Lake Mary Blvd Suite 111 PMB 1008 Lake	Mary, FL 32746	
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