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COVER LETTER

Division of Corp			
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SUBJECT: NOON Con	sulting LLC	ited Liability Company	
".	, value of Elini	nea Enomy Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kathleen P Noonan		
		Name of Person	
	NOON Commission LLC		
	NOON Consulting LLC	Firm/Company	
	14499 Manchester Drive		
		Address	200
	Naples, Florida 34114		그냥 불
		City/State and Zip Code	75 2
	kathleen_noonan@hotmail.		<u> </u>
	E-mail address: (to be used for future annual report notif	ication)
For further information ed	oncerning this matter, please e	all:	2024 Jill 29 AH 11: 32 NEGRE 14: 77 C. S. A. T.
KATHLEEN P NOONA	N	at (617) 2011673	Lift (a
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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		Street Address:	tion
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	•
Tallahassee, F	TL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOON Consulting LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 01/16/2024	and assigned
lorida document number L24000030696		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabo	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024.
Principal office address MUST BE A STREET ADDRESS)		
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		0C:
Enter new mailing address, if applicable:		
		7-6; 8
Mailing address MAY BE A POST OFFICE BOX)		100
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
77 		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss .
	FI	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 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>	Name	Address	Type of Action
AMBR	Daniel J Noonan	14499 Manchester Drive	🗆 Add
		Naples, FL 34114	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			Add Co Manage Control of the Change Control
			□Change
			□Add
			□Remove
			□Change
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