

L24000394591



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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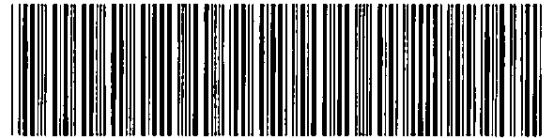
(Business Entity Name)

(Document Number)

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2024 SEP 24 PM 3:31  
SULLIVAN STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOBLECARE INSURANCE 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:

JACOB J. TUOTO

\_\_\_\_\_  
Name of Person

NOBLECARE INSURANCE LLC

\_\_\_\_\_  
Firm/Company

2005 Vista Parkway, suite 200

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33411

\_\_\_\_\_  
City/State and Zip Code

Jacob.Tuoto@outlook.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob.Tuoto@outlook.com

561  
at ( )

699-6989

\_\_\_\_\_  
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**

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>
MGR	JACOB J. TUOTO	2005 Vista Parkway, suite 200	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH , FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAYMOND T. GRACEFFO	2005 Vista Parkway, suite 200	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH , FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES WONG	2005 Vista Parkway, suite 200	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH , FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

Jacob Truett

Typed or printed name of signee