Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000341393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

Account Name ; MARILI CANCIO JOHNSON P.A.

Account Number : 120160000073 Phone : (305)967-6329

Fax Number

: (305)470-7453

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN NODA INVESTMENT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JAN 3 1 2022

I ALBRITTON

Electronic Filing Menu Corporate Filing Menu

Help

To: +18506176380 Page: 2 of 8 2022-01-27 21:59:27 GMT 13054707453 From: Marili Cancio Johnson

850-617**-**6381

1/27/2022 12:11:53 PM PAGE

1/001 Fax Server



January 27, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NODA INVESTMENT CORP. 2601 SOUTH BAYSHORE DRIVE SUITE 725 MIAMI, FL 33133US

SUBJECT: NODA INVESTMENT CORP.

REF: P13000018059

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 4 of the Amendment is missing.

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) 245-6050.

Terri J Schroeder FAX Aud. #: H22000034139
Regulatory Specialist III Letter Number: 922A00002153

COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION: Node	2 Investm 130000 1803	ent Corp.
DOCUMENT NUME	BER:	130000 1803	59
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Name of Contact Person (art/s Carxe) Firm/ Company 50 SE D Address City/ State and Zip Code God for future annual report	o Johnson P.A. PAVE, Suik 1408 33131
For further information	concerning this matter, pleas	se call:	
Aid Name o	a ZayaS of Contact Person	at (<u>784</u> Area Co	1) 800-0330 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810
1 2 11 2	hassee, FL 32314	2410.	a. Montoe Succi, Julie 610

Tallahassee, FL 32303

Articles of A	mendment
to Articles of Inc	ornoration
Ala de tra	in formation of the second of
Nodaln	VESTMENT COIP
(Name of Corporation as current)	y filed with the Florida Dept. of State)
# 13 000	0/8059
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amondment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	11 Island Avenue
(Principal office address <u>MUST BE A STREET ADDRÉSS</u>)	Suite 503
	Miami Beach, FL 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11 Island Avenue
	Sufe 503
	Miami Brach, FL 3313.
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered AgentCG_Rea	1 Estate Services Inc.
J IS16 (Florida stre	and Avenue

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familian with qual-accept the obligations of the position.

Signature of New Togistered Signature of changing

Check if applicable

☐ The amendment(s) is/are being fited pursuant to s. 607.0120 (11) (e), F.S.

To: +18506176380 Page: 6 of 8

2022-01-27 21:59:27 GMT

13054707453

From: Marili Cancio Johnson

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Flease note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Poe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	Example: X Change	PT	John Doe	
	X Remove	¥	Mike Jones	
	X Add	<u>sv</u>	Sally Smith	
	Type of Action (Check One)	Title	Name	Address
	1) Change	P	BT Carolina Gentina	3370 Mary Street- Miami, FL 33/33
	Add	/		Miami, PL 33/33
	Remove			
	2) Change	4)	Carolina Gentina	11 Island Avenue
	Add			Suite 503
	Remove 3) Change		***************************************	Miam Beach, FL 33139
	Add			
	Remove			
	4) Change			
	Add			
	Remove			
	5) Change		*	
	Add			
	Remove			
ŧ	6)Change		 	
	Add			Service for the section of the service of the servi
	Remove			

Page: 7 of 8

	g additional Articles, ente us, if necessary). (Be spec	cific)		
-	<u></u>	<u> </u>		
				
				
				<u></u>
· · · · · · · · · · · · · · · · · · ·				
				
		· · · · · · · · · · · · · · · · · · ·		
		A selff and an amandall	selve of insured shaper	
f an amendment pro	vides for an exchange, rec menting the amendment i	fast contained in the at	nendment itself:	
Continuity 11	, indicate N/A)			
THE ROL GOUNGAOLE	,			
(у погаррнецоге				
(у погаррисион				
(у погарунсион				
(у погарунсион				
(у пос арунсион		· · · · · · · · · · · · · · · · · · ·		
(у погарунсион				
(у погаррисави				
(у погаррисание				
(у погаррисави				
(у погаррисави				
(у погаррисави				

The date of each amendm date this document was sign	ent(s) adoption:, if other than the ned.
Effective date if applicable	
<u></u>	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
Adoption of Amendment((CHECK ONE)
The amendment(s) was/action was not required.	vere adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	01-21-2022
Signature	
	By a director, president or other officer diffusions or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Carolina Gentina (Typed or printed name of person signing)
	Title of person signing)