

L12000137287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

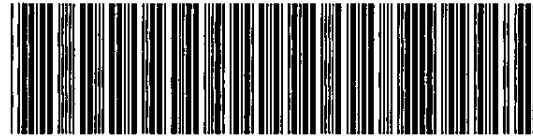
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 20 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NONA INVESTORS 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:

OMAIRA D. ACEVEDO

Name of Person

NONA INVESTORS LLC

Firm/Company

11830 NAUTICA DR

Address

ORLANDO, FL 32827

City/State and Zip Code

INFO@ABRAHAMFINANCIAL.COM

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

For further information concerning this matter, please call:

OMAIRA D. ACEVEDO

Name of Person

at (**407**) **697-5905**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

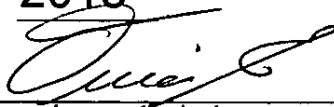
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS PINTO	9780 CYPRESS PINE ST	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **NOVEMBER 13,** **2013**



Signature of a member or authorized representative of a member

OMAIRA D. ACEVEDO

Typed or printed name of signee

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Filing Fee: \$25.00

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