

L13000014893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

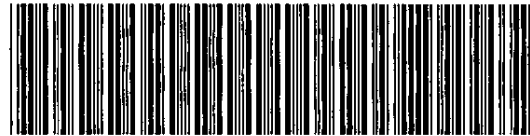
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 24 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **N & M INVESTMENT GROUP USA 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:

**MARINE LESGUER**

Name of Person

**N & M INVESTMENT GROUP USA LLC**

Firm/Company

**244 BISCAYNE BLVD # 244**

Address

**MIAMI, FL. 33132**

City/State and Zip Code

**MARINE.LESGUER@GMAIL.COM**

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

For further information concerning this matter, please call:

**MARINE LESGUER**

Name of Person

**347 744 0473**

at ( )

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

2013 SEP 23 AM 11:37  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 32301

N & M INVESTMENT GROUP USA LLC

The Articles of Organization for this Limited Liability Company were filed on L13000014893 and assigned Florida document number L13000014893

638 COLLINS AVENUE  
MIAMI BEACH, FL, 33139

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

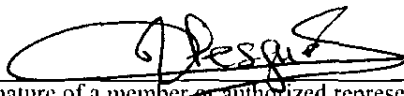
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **09/18/2013**

**MIAMI**



Signature of a member or authorized representative of a member

**MARINE LESGUER**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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