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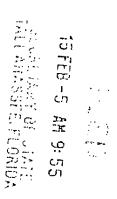
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J. SHAVETS FEB 1 2 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: N&N Excellence 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:	
Jannett Abreu Pacheco	
Name of Person	
N&N Excellence LLC Firm/Company	
724 Milwaukee Blvd Address	•
Lehigh Acres, FL. 33974 City/State and Zip Code	
jabreu@nnexcellence.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jannett Abreu Pacheco at (860) 794-6461 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Excellence LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on Sentember 19	2013 and assigned
· · · · · · · · · · · · · · · · · · ·	inparty were fried on Coptombor 10,	and assigned
Florida document number <u>L13000132654</u>	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeredistered agent and/or the new registered office addre		enter the name of the new
egistered agent and/or the new registered office addre	ss nere:	
		5
Name of New Registered Agent:		<u>> </u>
New Registered Office Address:		
Tree Registered Office Fiduress.	Enter Florida street address	
	, Flori	
	City	Ci Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	65 85
		in the second se

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** 265 SW 67th Avenue, Miami, FL. 33144 Add MGR **Ariel Martinez** _□ Remove 265 SW 67th Avenue, Miami, FL. 33144 Add MGR Alondra Martinez □ Remove 724 Milwaukee Blvd, Lehigh Acres, FL. 33974 Add MGR Leo Abreu ☐ Remove ☐ Remove ☐ Add

☐ Remove

If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
	······································
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receiping the date this document is filed by the Florida Department of State)	t or filed date and cannot be more than 90 days after
Dated February 2nd , 2015	
annett Obrev	
	authorized representative of a member
	printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 FEB - 5 AM 9: 55