

L17000132654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400267448194

02/05/15--01039--005 **55.00

15 FEB -5 AM 9:55
TALLAHASSEE, FLORIDA

J. Shivers FEB 12 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

Name of Person

at (860) 794-6461

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ariel Martinez	265 SW 67th Avenue, Miami, FL. 33144	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Alondra Martinez	265 SW 67th Avenue, Miami, FL. 33144	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Leo Abreu	724 Milwaukee Blvd, Lehigh Acres, FL. 33974	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


RECEIVED
15 FEB - 5 AM 9:55
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 2nd, 2015



Signature of a member or authorized representative of a member
Jannett Abreu Pacheco

Typed or printed name of signee

15 FEB -5 AM 9:55
DEPT. OF STATE
TALLAHASSEE, FLORIDA