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(Re	questor's Name)	
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**S Warren** OCT 18 2016

## **COVER LETTER**

SUBJECT: N&	N Excellence LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Jannett Abreu Pacheco			
		Name of Person			
		N&N Excellence LLC			
		Firm/Company			
		724 Milwaukee Blyd			
		Address	<del> </del>		
		I.1:1 A DI 22074			
		Lehigh Acres, FL 33974 City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·		
	/ / -	City/state and Zip Code			
	E-mail address: (	to be used for future annual report notif	ettabled@gmail.com		
For further information c	oncerning this matter, please c		,		
	•				
Jannett Al	oreu Pacheco	at ( <u>860</u> ) 794-64	61		
Name of Person			Telephone Number		
Enclosed is a check for th	ne 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:** 

TO:

Registration Section
Division of Corporations

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

N&N Excellence LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appear: Liability Company)	s on our records.)		
Γhe Articles of Organization for this Limited Liability Company	were filed on	09/18/2016	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 limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		13.25	
(Principal office address MUST BE A STREET ADDRESS)		_ 73	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		2000 2000		
		المعرفين الإرابي الإرابي	and	
Enter new mailing address, if applicable:	NA	710		
Mailing address MAY BE A POST OFFICE BOX)		5 C	22	
		200	<b>F</b>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		our records, enter t	he name of the	
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
		TN1 . 1		
<del></del>	Citv	, Florida	Zip Code	

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leo Abreu	724 Milwaukee Blvd	Add
		Lehigh Acres, FL 33974	Remove
			Change
AMBR	Damaris Suares	2812 33th Street W	Add
		Lehigh Acres, FL 33971	Remove
			Change
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	date, if other than the date date is listed, the date must be s	e of filing:	of filing or more than 90 d	_ (optional) avs after filing	) .) Pursuant to 6	05.02
lote: If th	ne date inserted in this block of seffective date on the Depart	loes not meet the applicable sta	tutory filing requireme	nts, this date	will not be li	sted
		ective date, but not an e	ffective time, at 1	2:01 a.m.	on the ear	lier
ine 90	th day after the record	is filea.				
ated	Septemner 19th					
		,,		2	<u> </u>	
	Sign	Jannett Abreu ature of a member or authorized re	presentative of a member			
	Sign.	attace of a member of authorized re	presentative of a member		T INMERICA	
,		Jannett abreu Pacheco		77		
		Typed or printed name	or signee	F S7	[]	
				ZI.44 STATE ORIDA	. <u> </u>	
		Page 3 of 3	}	<b>&gt;</b> 4	)	

Filing Fee: \$25.00