

LIB000035933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

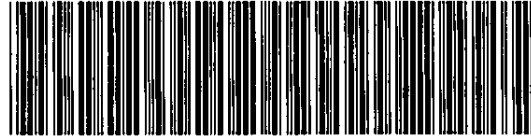
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/13/18 QS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NNC INVESTMENTS 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:

June Wong

Name of Person

MJ Tax & Consulting Inc

Firm/Company

3203 Lawton Road Ste 125

Address

Orlando, FL 32803

City/State and Zip Code

june@mj-tax.com

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

For further information concerning this matter, please call:

June Wong

at (407) 377-5555

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NHUNG NONG	5535 CYPRESS GARDENS BLVD	<input type="checkbox"/> Add
		Ste 110	<input type="checkbox"/> Remove
		WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change
AMBR	CECILIA KIM NGUYEN	1112 E COLONIAL DR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Orlando, FL 32803	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2018 MAR

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 5

2018

Signature of a member or authorized representative of a member

Cecilia Kim Nguyen

Typed or printed name of signee