

18000223453

Division of Corporations
Florida Department of State
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

paulo@eagle-tax.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NRR INVESTMENTS, LLC**

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OCT 2, 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRR 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:

Paulo Oliveira

Name of Person

Eagle Tax Representation, Corp.

Firm/Company

5493 Wiles Road - Ste 105

Address

Coconut Cree, FL - 33073

City/State and Zip Code

paulo@eagle-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira, EA

954

532-3842

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NRR INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/20/2018 and assigned Florida document number L18000223453.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A2B2 INVESTMENTS, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eduardo Torres Canedo	4982 N CITATION DR, APT 106	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anderson Ney Passos da Costa	6972 PALMETTO CIRCLE SOUTH, APT 510	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

OCTOBER 8th 2020



Signature of a member or authorized representative of a member

EDUARDO TORRES CANCALO

Typed or printed name of signer

Filing Fee: \$25.00