

LI9 000 220173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

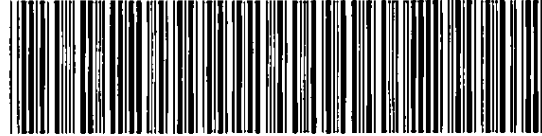
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUN 1 / 2022

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2022 JUN 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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TALLAHASSEE, FL 32399

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

60

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/16 DANNY

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LLC AMEND

1. NHNF LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NHNF 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:

Linder, Judah

Name of Person

NHNF LLC

Firm/Company

20390 NW 36TH CT

Address

Miami, FL 33056

City/State and Zip Code

nhnflc@gmail.com

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

For further information concerning this matter, please call:

Linder, Judah

786

440-1523

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

FILED
2022 JUN 16 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
MGR	NOEL HARVEY	3425 NW 204TH TER	<input type="checkbox"/> Add
		MIAMI GARDENS FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDDIE D LINDER	20390 NW 36TH CT	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 16TH

2022

~~Signature of a member or authorized representative of a member~~

EDDIE D LINDER

Typed or printed name of signee

Filing Fee: \$25.00

LETTER OF AUTHORIZATION

I, Eddie D Linder, AUTHORIZE CORPORATE ACCESS
TO CHARGE MY CREDIT/DEBIT CARD ONLY \$.
I UNDERSTAND THERE IS NO RECOURSE FOR CHARGEBACK, AND I WILL
NOT REVERSE CHARGES.

CARD NUMBER: -----DO NOT LIST HERE, CALL WITH NUMBER-----


NAME AS IT APPEARS ON CARD:

EXPIRATION DATE: 08/27

V-CODE(on back of card): -----DO NOT LIST HERE, CALL WITH NUMBER--

COMPLETE BILLING ADDRESS :

20390 NW 36th Ct Miami Gardens FL 33056
STREET # AND NAME CITY STATE ZIP

 06/16/2022 786.440.1523
SIGNATURE DATE PHONE # (REQUIRED)

09/19/1946