L19000252956

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JOSEPH M. SCIANDRA

ATTORNEY AT LAW P.O.BOX 670162 CORAL SPRINGS, FLORIDA 33067

TELEPHONE (954) 462-5402

Email: <u>ISSCI@AOL.COM</u>

November 25, 2019

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: N&R Investment Enterprises, LLC Document # : L19000252956

Dear Sir/Madam:

Enclosed please find our amendment for filing purposes and the necessary fees. Please file the amendment and return the certificate of status.

If you have any questions, please contact me.

214/

Sincerola

JOSEPH M. SCIANDRA

JMS/sg enclosure

COVER LETTER

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TO:

Registration Section

Division of Corporations		
SUBJECT: Name of Limited Liability Company		
enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Second		
Please return all correspondence concerning this matter to the following:		
Joseph M. Scianer		
Attorney At LAW		
Firm/Company		
P.O. Box 670162		
(oral Spring fc 33067		
SSCI @ Gol. Con		
Jorgh M.) CKALIC 31 (554) 610-2755		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy		
Registration Section Registration Section		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nº R Invest	ment Enterprise	es, LLC
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 190002529</u> :	Company were filed on $\frac{10/8}{56}$	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		2019 DE1
		DEC
Enter new mailing address, if applicable:		1 +17
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street a	nddress
		_, Florida
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Rodner MARie	4849 LAKE W. A Road	□Add
		Gleenacies FL 33413	Kemove
			□Change
<u>m6R</u> i	Deschineau Marie Rodnes	4849 Lakework Read	Add
		Greenacres for 3341)	□Remove
			□Change
	·		□Add
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			□Change

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(If an effec <u>Note:</u> If	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	11-25-19
	Marie L. Restre
	Signature of a member or authorized representative of a member
	Marie Rodnee Deschineau