

L20000376196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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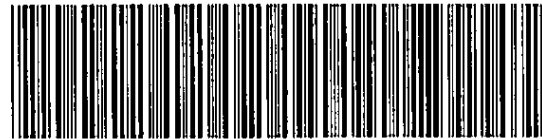
(Business Entity Name)

(Document Number)

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S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N & N Real Estate Management 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:

Hilda J Castro Torrealba
Name of Person
N & N Real estate Management LLC
Firm/Company
6425 Cow pen Rd Apt # p209
Address
miami lakes FL 33014
City/State and Zip Code
Hilda Castro6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilda Castro at (786) 805-9701
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 12/01/2020 and assigned
Florida document number L20000376196.

This amendment is submitted to amend the following:

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

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

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, 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	Hilda J Castro Torrealba	6425 Cow pen Rd	<input checked="" type="checkbox"/> Add
		Apt # P209 miami lakes,	<input type="checkbox"/> Remove
		FL 33014	<input type="checkbox"/> Change
AMBR	Noah J Hernandez Castro	6425 Cow pen Rd	<input checked="" type="checkbox"/> Add
		Apt # P209	<input type="checkbox"/> Remove
		miami lakes, FL 33014	<input type="checkbox"/> Change
AMBR	Nathan J Hernandez Castro	6425 Cow pen Rd	<input checked="" type="checkbox"/> Add
		Apt # P209	<input type="checkbox"/> Remove
		miami lakes, FL 33014	<input type="checkbox"/> Change
AMBR	Jimmy J Torrealba	21835 SW 112 AVE	<input checked="" type="checkbox"/> Add
		miami, FL 33170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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04/6/2021

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ter the

Dated _____, _____

[Signature]
of a member or authorized

Typed or printed name of signee