# L21000030725

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# **COVER LETTER**

	Registration Se Division of Cor		,	
		E LIMITED LIABILITY COM	1PANY	, ,
SUBJEC	:T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MARYANN NAVARRO		
			Name of Person	
		N/A		
			Firm/Company	<u> </u>
		7985 ABBY BROOKS CI	R	
		<del></del>	Address	
		WESLEY CHAPEL, FL 3	3545	
			City/State and Zip Code	
		IAMALIFECHANGER111	_	*: C *: )
Lan fronth	ar information a	e-mail address: (	to be used for future annual report no	uncation)
		_		
MAKYA	ANN NAVARRO		n+ ( )	me Telephone Number
	Name o	f Person	Area Code Daytii	me Lelephone Number
Enclosed	l is a check for th	ne following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N2 EMPIRE LIMITED LIABILITY				
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	!:: 27
The Articles of Organization for this Limited Life Florida document number L21000030725	iability Company	were filed on 01/13/2021		and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
MARYANN NAVARRO, LLC				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applic		N/A		
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>	<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records,	enter the nam	e of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida street	address	
			, Florida	
		City	, riorida	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 NIX

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		/	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an effective date i ote: If the date	f other than the date of slisted, the date must be specificated in this block does tive date on the Department	ific and cannot be s not meet the a	pplicable statute	ing or more than 90	(optional) days after filing ments, this date	.) Pursuant to 605.	0207 ( ed as t
record specifies is filed.	a delayed effective date, l	out not an effect	tive time, at 12:0	1 a.m. on the ear	rlier of: (b) TI	ne 90th day after	the
ated Aug	ust 28th	<u>20</u>	23				
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Limited Liability Company
N2 EMPIRE LIMITED LIABILITY COMPANY

#### Filing Information

Document Number

L21000030725

FEI/EIN Number

88-1696719

Date Filed

01/13/2021

Effective Date

01/13/2021

State

FL

Status

**ACTIVE** 

### **Principal Address**

7985 ABBY BROOKS CR WESLEY CHAPEL, FL 33545

# Mailing Address

7985 ABBY BROOKS CR WESLEY CHAPEL, FL 33545

### Registered Agent Name & Address

NIXON, TOMMY K, JR. 7985 ABBY BROOKS CIR WESLEY CHAPEL, FL 33545

## Authorized Person(s) Detail

Name & Address

Title MGR

NAVARRO, MARYANN 7985 ABBY BROOKS CIR WESLEY CHAPEL, FL 33545

## **Annual Reports**

Report Year	Filed Date
2022	04/11/2022
2023	05/12/2023

### **Document Images**

05/12/2023 -- ANNUAL REPORT

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# Detail by Entity Name

	04/11/2022 ANNUAL REPORT	View image in PDF format
	01/13/2021 Florida Limited Liability	View image in PDF format
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Florida Department of Stute, Division of Corporations