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(Re	questor's Name)
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COVER LETTER

TO:	Registration Section Division of Corpor			
	NN	R Construction	in IIC.	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresponde	nce concerning this matter	to the following:	
			Ni, Mu Lan	
			NNR Construction	
		6609 Cal	Proposo Dr	
			V Madress	
	_	hi	City State and Zip Code Caibac a gmaile to be used for future authors report nout	com
For furtl	her information conc	E-mail address: (erning this matter, please o	,	неаноп
	Vi, Caibao Name of Pe	ison	at (91) Area Code , E403 - Daytime	6399. e Telephone Number
Enclose	d is a check for the fe	ollowing amount:		
Z \$25	.00 Filing Fee l	S30.00 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:	tion	<u>Street Address:</u> Registration Sec	Tion

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

NNR Censi	truction	110	A Philade Charles	
(Name of the Limited Liability Compa (A Florida Limited E			21 APR 19	рн 1: 30
			_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2 (0000 78058</u> .	were filed on	02/15/2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabil		NA	_	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abb	reviation "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)	N	()		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	ecords, enter the name	of the new register	<u>ed</u>
Name of New Registered Agent:	NA·			
New Registered Office Address:	Enter Flor	ada speet address		
		Til matelo		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of provided for in C	my duties, and I am fa Thapter 605, F.S. Or, i	miliar with and f this document is	ne

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</u> <u>being added or removed from our records</u>:

MGR = -N $AMBR = A$	lanager Authorized Member		21 Arthrope Reliant: 30
<u>Title</u>	<u>Name</u>	Address	21 AF Proof Potion : 30
MGR.	Reyes, Fernando	4485 Canna Dr	
	1	0Hando, FL 32839	
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Note:	ive date, if other than the date of filing:	05.0207 (3)(b) sted as the
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day alled.	ler the
Dated	Aprit 12021 Mu Cen HL	
	Signature of a member of authorized representative of a theriner	
	Ni, Mulan	

Filing Fee: \$25.00