

W21000078058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

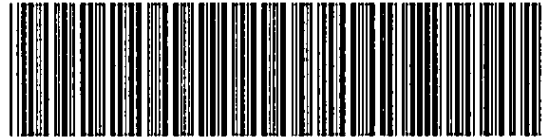
(Document Number)

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21 APR 19 PM 1:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NNR Construction 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:

Ni, Mu Lan
Name of Person
NNR Construction LLC.
Firm/Company
6609 Calypso Dr
Address
Orlando, FL 32809
City/State and Zip Code
hicaibao@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ni, Caibao at 917, 403 - 6399.
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

NNR Construction LLC

Division of the Census

21 APR 19 PM 1:30

NA

NA

~~NA~~

NA

Zip Code

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	Reyes, Fernando	4485 Canna Dr	<input type="checkbox"/> Add
		Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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21 APR 19 10:30
Type of Action: 30

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

21 APR 19 PM 1:30

E. 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

Apr 14

2021

Mu Lan HL

Signature of a member or authorized representative of a member

Ni, Mu Lan

Typed or printed name of signee

Filing Fee: \$25.00