121000085785

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nac	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	- ·	6/8/21 TM

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COVER LETTER

Registration Section

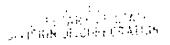
Division of Corporations

TO:

N & B E	NTERPRISE OF SW FLORIDA		
NOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARK D. HERNANDEZ		
	-	Name of Person	
	N & B ENTERPRISE OF	SW FLORIDA LLC	
		Firm Company	
	3665 GOLDEN GATE BL	.VD W	
		Address	
	NAPLES , FLORIDA 341	20	
		City/State and Zip Code	
	M1973HERNANDEZ@G	MAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please e	all:	
MARK D. HERNAND	EZ	239 778-7630	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 19 AH 10: 02

N & B ENTERPRISE OF SW FLORIDA LLC

(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 I	iability Compan	y were filed on FEE	BUARY 22ND 2021	and assigned
Florida document number L21000085785	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
•				
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, enter the name	of the new registered
Name of New Registered Agent:	MARK D. HE	ERNANDEZ		
New Registered Office Address:	3665 GOLDE	N GATE BLVD W		
"		Enter Flori	da street address	
	NAPLES		, Florida ³⁴¹	20
		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.

f Changing Registered Agent Signature of New Hegistered 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 = M $AMBR = A$	anager uthorized Member		Violation of John Controls	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR 19 AH 10: 02	Type of Action
AR	NICHOLAS D. HERNANDEZ			□Add
		3322 35th A	VE NE NAPLES , FL. 34120	■Remove
				©Change
AR	BRITTANY A. WRIGHT			□ Add
		3540 58th A	VE NE NAPLES FL. 34120	Remove
				□ Change
AR	MARK D. HERNANDEZ	3665 GOLD	EN GATE BLVD W NAPLES FL.	34120 ■ Add
				🗀 Remove
			<u> </u>	Change
				□Add
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				□Change
				□Add
				□Remove

____ □Change

men	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)
	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) AM 10: 02
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ectiv	e date, if other than the date of filing: (optional)
<u>te:</u> If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
1	
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th I.
ed A	PRIL 1st 2021
	11/1/1/1/1/1
	Mark W. Menaguda
	Signature of a member or authorized representative of a member

Typed or printed name of signce