

K21000210035

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2022 SEP -6 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRA Delivery Services 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:

Madelyn Suarez
Name of Person

ERM Multiple Services INC
Firm/Company

8050 NW 103th St Ste 108
Address

Highland Gardens, FL 33016
City/State and Zip Code

ermultipleservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madelyn Suarez at (305) 456-9140
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

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

NRA Delivery Services 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 Liability Company were filed on 05/05/2021 and assigned
Florida document number 621000210035.

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 "LLC."

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:

Brayan Serrano

New Registered Office Address:

2528 NE 41st Ave

Enter Florida street address

Homestead

City

Florida

33033

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

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TALLAHASSEE, FL

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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>
AMBR	Yoandy Noranjo	2528 NE 41st Ave	<input type="checkbox"/> Add
		Homestead, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brayan Serrano	2528 NE 41st Ave	<input checked="" type="checkbox"/> Add
		Homestead, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 August 31 . 2022

Signature of a member or authorized representative of a member

Blayan Serrano
Typed or printed name of signee

Filing Fee: \$25.00



DRIVER LICENSE

S650-060-01-229-0

80483

559

**SERANO
BRAYAN**

02528 NE 41ST AVE

HOME STAD, HES 34033-212

07/67/97

AD-ESP-06/29/2026 16H53 5-10/

12 REST NONE 84 END NONE

SAFE DRIVER

09/13/2017

5DD X632207131206

REPLACED 07/13/2022

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



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Detail by Entity Name

Florida Limited Liability Company
N&A DELIVERY SERVICES LLC

Filing Information

Document Number L21000210035
FEI/EIN Number 86-3938730
Date Filed 05/05/2021
Effective Date 04/28/2021
State FL
Status ACTIVE

Principal Address

2528 NE 41TH AVE
HOMESTEAD, FL 33033

Mailing Address

2528 NE 41TH AVE
HOMESTEAD, FL 33033

Registered Agent Name & Address

NARANJO GUZMAN, YOANDY
2528 NE 41TH AVE
HOMESTEAD, FL 33033

Authorized Person(s) Detail

Name & Address

Title AMBR

NARANJO GUZMAN, YOANDY
2528 NE 41TH AVE
HOMESTEAD, FL 33033

Annual Reports

Report Year	Filed Date
2022	02/28/2022

Document Images

02/28/2022 -- ANNUAL REPORT	View image in PDF format
05/05/2021 -- Florida Limited Liability	View image in PDF format