## LZ1000231785

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBJECT.	N & N MU	LTI SERVICE LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Nadia Philogene				
		<del> </del>	Name of Person			
			Firm/Company			
		miami Florida 33168	Civil Crate and Tim Co. 1.	, <u>.                                    </u>		
		nadia philogene122@gmail				
		E-mail address: (	to be used for future annual report notific	ation)	• .	H
For further in	formation c	oncerning this matter, please c	ali:		1	
Nadia Philogene  Name of Person			954 649-3155 at () Area Code Davtime 1			2021 JUH 25
	Name of	reison	Area Code Daytime I	Celephone Number	• •	ƶ C
Enclosed is a	check for th	e following amount:			- - 	7:5
■ \$25.00 F	■ \$25.00 Filing Fee					_
Reg	ing Address istration S	Section	Street Address: Registration Secti			
	ision of C . Box 632	orporations	Division of Corpo The Centre of Tal			
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## N & N MULTI SERVICE LLC

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/18/2021	and assigned
torida document number L21000231785		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "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)		
<ol> <li>If amending the registered agent and/or registered office:</li> </ol>		
gent and/or the new registered office address here:	address on our records, ente	r the name of the new reg
		聖三
Name of New Registered Agent:		
New Registered Office Address:		-· in
New Registered Office Address.	Enter Florida street addre	ess E
	ı:	Torida
	Ciry	lorida Zip Code
iew Registered Agent's Signature, if changing Registered Agent:		
		urther agree to comply w

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 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>	Address	Type of Action
P	Nadia Philogene	863 NW 108th terr	<b>=</b> Add
		Miami florida,33168	□Remove
			☐ Change
			□Add
			□Remove
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If an effective on Note: If the	te, if other than date is listed, the date date inserted in the effective date on the	must be specifi is block does t	iling: e and cannot not meet the	e applicable s	e of filing or m tatutory filin	ore than 90 days	optional) s after filing.) I s, this date w	Pursuant to 60:	5.0207 (3 ted as th
rd is filed.	ifies a delayed effi	<i>i</i>			t 12:01 a.m. o	on the earlier	of: (b) The	90th day afte	er the
	10/13/0	<u> </u>	,	·					
Dated	DA								
Dated	Put				representative	of a member			

Filing Fee: \$25.00