

K21000231785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

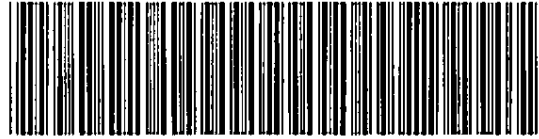
(Business Entity Name)

(Document Number)

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JUL 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N & N MULTI SERVICE 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:

Nadia Philogene

Name of Person

Firm/Company

863 NW 107th terrr

Address

miami Florida 33168

City/State and Zip Code

nadia.philogene122@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadia Philogene

at (954) 649-3155

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2021 JUN 25 PM 7:51
TALLAHASSEE
FL 32303

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> |
|--------------|-----------------|---------------------|---|
| P | Nadia Philogene | 863 NW 108th terr | <input checked="" type="checkbox"/> Add |
| | | Miami florida,33168 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Dated 01/18/2021

[Signature]

Signature of a member or authorized representative of a member

Nadia Philogene

Typed or printed name of signee

Filing Fee: \$25.00