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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: support@eflatinaccounting.com

RECEIVED
JUN -3 PM 3:49
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NF FLORIDA INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NF FLORIDA INVESTMENTS, 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:

DIEGO FIGUEROA
Name of Person
E & F LATIN GROUP LLC
Firm/Company
1820 N CORPORATE LAKES BLVD SUITE 109
Address
WESTON, FL 33326
City/State and Zip Code
diego@eflatinaaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA 954 384 8565
Name of Person at () 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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

1. General Information	
Name	
Address	
City	
State	
Zip	
Phone	
2. Employment Information	
Employer	
Position	
Start Date	
End Date	
Reason for Leaving	
3. Education Information	
Level of Education	
Field of Study	
Graduation Date	
4. Skills and Experience	
Skills	
Experience	
5. References	
Reference Name	
Reference Address	
Reference Phone	
Reference Email	
Reference Relationship	
Reference Comments	

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Dated JUNE 3 2024

Diego Figueroa
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00