

L23000228450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08/08/23--01009--018 **25.00

7-11-23 11:00 AM

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NATURALNUN ENTERPRISES 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:

MARIA L BEDOYA

Name of Person

NATURALNUN ENTERPRISES LLC

Firm/Company

1401 N 71ST. TER

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

LIBARDOVILLALBA@GMAIL.COM

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

For further information concerning this matter, please call:

LIBARDO VILLALBA

Name of Person

954 588-7024
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

AMBR = Authorized Member

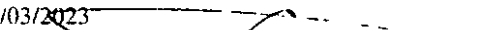
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

8/03/2023


Signature of a member or authorized representative of a member

MARIA L BEDOYA

Typed or printed name of signee: