L24000257753

(Re	questor's Name)	
(Ad	dress)	
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5/31/24

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	ANING LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspond	ondence concerning this matter	r to the following:		
	NAYMARA CASTRO			
		Name of Person		
	OWNER			
		Firm/Company		
	1617 LAKE DOWNEY D	DR .		
		Address		_
	ORLANDO, FL 32825) 1.80 1.80 1.80 1.80 1.80 1.80 1.80 1.80
		City/State and Zip Code		•
	NAYMACASTRO89@GM	AAIL.COM		<u> </u>
	E-mail address:	to be used for future annual report notifica	./	72
For further information of	oncerning this matter, please o	all:		PH 2: 02
NAYMARA CASTRO		321 4995705	ATE	02
Name o	f Person	at () Area Code Daytime Te	elephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corpor The Centre of Talls	rations	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NNR CLEANING LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 06/05/2024	and assigned
Florida document number L24000257753		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NNR SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	1617 LAKE DOWNEY DR	
	ORLANDO FL 32825	97 . d
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		ώ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	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.

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fective date, if other than th	07/25/2024 te date of filing:	(option	alì		
n effective date is listed, the date m	ust be specific and cannot be prior to date of block does not meet the applicable state	filing or more than 90 days after fil	ing.) Purs	uant to 60	5.020°
cument's effective date on the	Department of State's records.	atory ming requirements, this u	aic wiii i	ior oc ns	icu as
ecord specifies a delayed effecti is filed.	ive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th	ı day aftı	er the
11.11.37.35	2024				
ted	··				
ted	Dut.				
ted	Signature of a member or authorized rep	resentative of a member			

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