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COVER LETTER ...

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: N&N COMPLEX	SERVICES INC	
DOCUMENT NUM	ABER: P20000082356		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ANDERSON T FERNANDE	:S	
		Name of Contact Persor	1
	N&N COMPLEX SERVICE	S INC	
		Firm/ Company	
	2532 SW 32ND ST		
		Address	<u>-</u>
	CAPE CORAL, FL 33914		
		City/ State and Zip Code	e
	fernandesanderson044@gma	il.com	
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
ANDERSON T FE	RNANDES	239 at (980-1882
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment ŧσ Articles of Incorporation οf

NAN COMPLEX SERVICES INC	
P20000082356	s currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
	tutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co".—A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e). F.S.

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	V	DANAYA LOPEZ PEREZ	2532 SW 32ND ST		
X Add			CAPE CORAL, FL 33914		
Remove					
2) Change	S	RONNY GONZALEZ PEREZ	629 SE 13TH PL		
X Add			CAPE CORAL, FL 33990		
Remove 3) Change					
Add					
Remove					
4) Change	-				
Add					
Remove					
5) Change	- 				
Add					
Remove					
6) Change					
Add					
Remove			<u></u>		

(Attach addi	<mark>z or adding additiona</mark> tional sheets, if necesso	<u>i Articles, enter e</u> am) — (Ro enocif	inange(s) here: ic)			
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r. <u>II an amene</u> nrovisions	dment provides for ar for implementing the	<u>) exchange, recla</u> e amendment if r	<u>ssification, or c</u> of contained in	<u>ancellation of i</u> the amendmen	ssued shares, it itself:	
(if not	applicable, indicate N	/d)				
					. — -	
				<u></u>		
						
·- <u>-</u>						

•	11/02/2020
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	."
	(voting group)
11/02/202 Dated	
Signature	A sall
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ANDERSON T FERNANDES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)