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S. WARREN AUG 2 3 2017

COVER LETTER

Divi	ision of Corp	oorations		
SUBJECT:	NKR GLOB	BAL GROUP, LLC		
30031.01.		Name of Limi	ted Liability Company	
co.			w. re. er	
The enclosed	Articles of A	Amendment and fee(s) are subr	mitted for filling.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		DANIEL BENSIMON		
			Name of Person	
		DOROT & BENSIMON, F	પ.	
			Firm/Company	**
		20295 NE 29TH PLACE, S	STE 201	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		DBENSIMON@DOROTBI	ENSIMON.COM to be used for future annual report notific	Wildow L
				cactony
For further it	iformation co	oncerning this matter, please ca	all:	
DANIEL BI	ENSIMON		561 218-4947 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	i check for th	e following amount:		
≅ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NKR GLOBAL GROUP, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/17/2012	and assigned
Florida document number L12000156955	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records,	enter the name of the
egistered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Thew the gistered of the Address.	Enter Florida street address	
	Flo	rida
	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 aggument 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.

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>	Type of Action
MGRM	SUMOZA, ANGEL	3088 BIRKDALE	Add
		WESTON, FL 33332	■ Remove
			Change
MGR	SUMOZA, ANGEL	3088 BIRKDALE	∃ Add
		WESTON, FL 33332	Remove
			□ Change
			Remove
			□ Change
		_	□ Adđ
			□ Remove
			Change
			Add
			□ Remove
			□ Ghange
			Examove
			Change .

f amending any other informatio	on, enter change(s) here: (Attach additional sheets	; if necessary.)
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Note: If the date inserted in this bloc locument's effective date on the Dep	espective and cannot be prior to date of thing of more than 90 to k does not meet the applicable statutory filing requirement artment of State's records.	ents, this date will not be listed as
AUGUST 16	2017	
		17
	gnature of a member or authorized representative of a membe	
ANGEL SUMOZA-	//	
- AMSDE GOING ZEE	Typed or printed name of signee	<u> </u>
	Typed or printed name of signee	·*· N>

Filing Fee: \$25.00