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TO:

**Registration Section** 

Division of C	orporations		
Nikuya,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Brian C. Calvarese  Name of Person  Calvarese Professional Accounting  Firm/Company  5340 N. Federal Highway, Suite #202  Address  Lighthouse Point, FL 33064  City/State and Zip Code  BCalvarese@bellsouth.net  E-mail address: (to be used for future annual report notification)  ser information concerning this matter, please call:		
	Brian C. Calvarese		
		Name of Person	
	Calvarese Professional Ac	counting	
		Firm/Company	
	5340 N. Federal Highway,	Suite #202	
		Address	· · · · · · · · · · · · · · · · · · ·
	Lighthouse Point, FL 3306	64	
		City/State and Zip Code	
	<del>-</del>		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Brian C. Calvarese		954 481-9293 at ( )	
Name	e of Person	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/COURIER ADDRESS:

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



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nikuya, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited 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 A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
		8
B. If amending the registered agent and/or r registered agent and/or the new registered office		nter file name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	· a
<del>-</del>	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.

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
Member	Kittipong Jitkawinroj	13000 S.W. 92nd Ave, Apt B205	
		Miami, FL 33176	Remove
			Change
Member	Thanik Suksamran	558 S.W. Twig Avenue	
		Port Saint Lucie, FL 34983	Remove
			☐ Change
Manager	Sabena Basch Dukes	4016 Yarmouth Avenue	
		Boca Raton, FL 33434	□ Remove
			Change
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			□ Change

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Filing Fee: \$25.00