

L14,000096572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

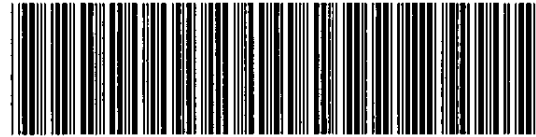
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 20 2016

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nikuya, 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:

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)

For further information concerning this matter, please call:

Brian C. Calvarese

954 481-9293  
at ( )

\_\_\_\_\_  
Name 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



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>	<u>Type of Action</u>
Member	Kittipong Jitkawinroj	13000 S.W. 92nd Ave, Apt B205	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Thanik Suksamran	558 S.W. Twig Avenue	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Sabena Basch Dukes	4016 Yarmouth Avenue	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 OCT 20 PM 6:19  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

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16 OCT 20 PM 4:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 14, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kritapol Supapol

Typed or printed name of signee