

L07000068331

02/18/2015 12:42:15
2/18/2015

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H15000042081 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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2015 FEB 18 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
15 FEB 18 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NK TELECOM, LLC**

Certificate of Status	1
Certified Copy	0
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K. SALLY
EXAMINER
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2/18/2015

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Division of Corporations

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Corporate Filing Menu

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2015 FEB 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NK TELECOM, LLC

~~(Same of the Limited Liability Company as it now appears on our records,
or a Florida Limited Liability Company.)~~

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L07000068331

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~The new name must be distinguishable and end with 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 ADDRESS)

4198 STAGHORN LN

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4198 STAGHORN LN

WESTON, FL 33331

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

MONICA CAMARENA

New Registered Office Address:

4198 STAGHORN LN

~~Enter Florida street address:~~

WESTON

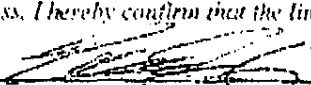
Florida 33331

~~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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

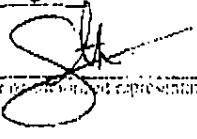
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN KETTLEWELL	9725 NW 52 ST #221	☐ Add
		MIAMI, FL 33178	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

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TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.

Dated February 10 2015



Signature of a member of the board of representatives or a member

(typed or printed name of signer)

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Filing Fee: \$25.00

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