*L07000068331

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000042081 3)))

H15000042081 3ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
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
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$30.00

K SALY
EXAMINER
FEB 19 2015

FILED

2015 FEB 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NK TELECOM, LLC

(Name of the Limited Liability Company as it now appears on our records)
(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

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

FILED
2015 FEB 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. **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 or authorized representative of a member

STEVEN KETTLEWELL

Typed or printed name of signee

FILED
2015 FEB 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00