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SECRETARY OF STATE
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T. CLINE

JUL **2 4** 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Co			*	
SUBJECT:	N & K Ir	nternational LLC	•	
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are su	-	.	
	K	anjana Poncharoensub		
		Name of Person		
N & K International LLC				
Firm/Company			······································	
	850 NE 181st ST Address			
	Nort	h Miami Beach, FL 33162	·i. 2	
		City/State and Zip Code	SEE 100	
	KPoi	ncharoensub@gmail.com		-
		•	TARY ASSE	
For further information of	concerning this matter, please	call:	Co A	
	a Poncharoensub	at (_786)5	SEGRETARY OF STATE ALLAHASSEE. FLORIDO Elephone Number	*******
Name o	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

	N & K Internation	al LLC		
(<u>Nai</u>	ne of the Limited Liability Company as it (A Florida Limited Liability	now appears on Company)	our records.)	
The Articles of Organization for	or this Limited Liability Company were fi	iled onN	May 5, 2009	and assigned
Florida document number	L09000043239			
This amendment is submitted t	to amend the following:			
A. If amending name, enter	the new name of the limited liability co	mpany here:		
The new name must be distinguis "L.L.C."	shable and end with the words "Limited Liab	pility Company,"	the designation "LL	.C" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADDRESS)			.009
			_	in e n
			AU	23 7AR
Enter new mailing address, i	f applicable:		0 P D	The state of the s
(Mailing address MAY BE A.			-	
			ن تر	
			;	ਡੂ ਜਾਂ ਲ
B. If amending the registe	red agent and/or registered office ad	dress on our	records, enter the	e name of the new
registered agent and/or the n	ew registered office address here:			
Name of New Regist	ered Agent:			
New Registered Office	ce Address:			
Enter Florida street address				
		. Florida		
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Narong Poncharoensub	7940 Pines BLVD Pembroke Pines, FL 33024	Add 7 Remove
MGR_	Adam Poncharoensub	7940 Pines BLVD Pembroke Pines, FL 33024	Add Remove
			Add Remove
***********			Add Add SEC Semove
			SSR AG
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	Remove
Dated	July 21 ,	<u>2009</u>	
	Signature of a	member or authorized representative of a member	
	· /	Kanjana Poncharoensub	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00