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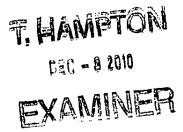
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

	ration Se on of Cor	ction porations				
SUBJECT:						
Sebulci			Capital LLC ted Liability Company			
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all	l correspo	ndence concerning this matter	to the following:			
			Debra A Heyer EA Name of Person			
			Tax Team Inc			
8569 Pines Blvd Ste 214 Address						
	Pembroke Pines, FI 33024 City/State and Zip Code					
		E-mail address: (0	obie@ourtaxteam.com to be used for future annual report n	otification)		
For further info	rmation co	oncerning this matter, please c	all:			
	Debr	a A Heyer EA	at (_954_)	441-1404		
	Name of	f Person	Area Code & Day	time Telephone Number		
Enclosed is a ch	neck for th	e following amount:				
\$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle			

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

rilleb SECRETARY OF STATE

10 DEC -7 PM 12: 54

	NKDH Capital LLC		
(Name of the Limite	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on Se	ptember 21 200	and assigned
Florida document numberL0900009	1345		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	4.44		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ır records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Noham Kilinsky		
New Registered Office Address:	20533 Biscayne Blvd Ste 12		
	Ente	er Florida street add	ress
	Aventura	, Florida	33180
	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> Name | <u>Address</u> Type of Action MGR Kilinsky, Noham 20533 Biscavne Blvd ☐ Add Ste 1238 Remove Aventura, Fl 33180 Herzka, Daniel MGR 20 Heather Drive Add ∇ Remove Roslyn, NY 11576 MGRM NK RealEstate Holdings LL 20533 Biscayne Blvd ✓ Add Ste 1238. Remove Aventura, FL 33180 MGRM Herzka, Daniel 20 Heather Drive **✓** Add Remove Roslyn, NY 11576 \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Noham Kilinsky Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00