109000119454

(Requestor's Name)		
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



500167789095

02/04/10--01007--003 **25.00

10 FEB -4 MIII: 33
SECRETARY OF STATE

D. BRUCE
FEB. 5 2010
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: NKT CONSTRUCTION SerVICES 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:
Stephen C Thomas Name of Person HBL Communication
4570 LAKE WOYH ROAD SUITE B-1 Address
City/State and Zip Code Chomas Chol Common (cottas Communication) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steplen Chomas Area Code & Daytime Telephone Number of San
For further information concerning this matter, please call: Stepten Chomes Name of Person Area Code & Daytime Telephone Number 2017 Area Code & Daytime Telephone Number 2017
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

MKT Construction	S. P. Salari and S. S.	,		
(Name of the Limited Liability Com (A Florida Limited	<u>pany as it now appe</u> d Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on _	12/16/2008	and assigned	
Florida document number L 6 9000 119 454.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company h	<u>iere</u> :		
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Con	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		À		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE, FIORIDA	# I I I I I I I I I I I I I I I I I I I	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter tl</u>	ne name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	-	Enter Florida street address		
		, Florida		
	Citv		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> Address **Type of Action** <u>Name</u> Lawrence B Hawkins 4570 Lake worth RD Suite Add ☐ Remove ☐ Add Remove ∏Add Remove $\prod Add$ 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

Steplen CThomas

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00