L10000030241

(Re	equestor's Name))		
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EXAMINER



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SECRETARY OF STATE BIVISION OF CORPORATION

COVER LETTER

	1144	NIIKRA II C		
SUBJECT:	·	NIKRA, LLC ited Liability Company		
	Name of Lim	nted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	bmitted for filing.		
		.		
	AQI	UILES ALBERTO VIOTTI		
		Name of Person		
	HANIKRA, LLC			
	<u> </u>	Firm/Company		
	18201 COLLINS AVENUE #SPA 301			
	102010	Address		
				
	SUNN	Y ISLES BEACH, FL 33160 City/State and Zip Code		
	aquile	salbertoviotti@hotmail.com		
	E-mail address:	(to be used for future annual report notification)		
For further information	concerning this matter, please	call:		
40LW 5	CALDEDTO MOTTI	700 242 5059		
	S ALBERTO VIOTTI of Person	at (786) 312 - 5058 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,		
	Certificate of Status	Certified Copy Certificate of Status &		
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIER ADDRESS: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
i ananassee, i 12 323 14		Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANIKI-	RA, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	RA, LLC any as it now appears on our records.) Liability Company)		
(iii tottaa ziiiitta	Zuomy company		
The Articles of Organization for this Limited Liability Company	y were filed on 03/18/2010 and assigned		
Florida document number L10000030241			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	nited Liability Company," the designation "LLC" or the abbrevia		
Enter new principal offices address, if applicable:	address, if applicable: 18201 COLLINS AVENUE #SPA 301		
(Principal office address MUST BE A STREET ADDRESS)	SUITE #SPA 301		
	SUNNY ISLES BEACH, FL 33160		
Enter new mailing address, if applicable:	18201 COLLINS AVENUE #SPA 301		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE #SPA 301		
	SUNNY ISLES BEACH, FL 33160		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the r		
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	E. A. Elavida de la II.		
	Enter Florida street address		

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, Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AQUILES VIOTTI	9130 S. DADELAND BLVD. SUITE #1600 MIAMI, FL 33156	Add
MGRM	Aquiles Alberto Viotti	18201 COLLINS AVENUE SUITE #SPA 301 SUNNY ISLES BEACH, FL 33160	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
_			
 Dated	SEPTEMBER 09	2011 .	_
Dateu	11	•	
	-/	member or authorized representative of a member	
		QUILES ALBERTO VIOTTI	<u>_</u>
	/ 1	Typed or printed name of signee	
		Page 2 of 2	
		Filing Fee: \$25.00	