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. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE FLOOR

D. BRUCE

NOV 3 0 2012

EXAMINER

COVER LETTER

TO:

Registration Section 'Division' of Corporations

NJK & ZWK, 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:

Randy Hodge

Name of Person

Intram Investments, Inc.

Firm/Company

5555 S. Kirkman Road, Ste. 201

Address

Orlando, FL 32819

City/State and Zip Code

rhodge@intram.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Hodge

at (407) 354-2200 ext. 211

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 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**

NJK & ZWK, LLC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	<u>r records.</u>)	_ 		
The Articles of Organization for this Limited Liability Company Florida document number L10000129097	y were filed on <u>12/17/20</u>	10	_and assigr	ned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
NJK & AEN, LLC					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC	or the abb	reviati	ion
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)			A S	_ ====================================	-
			<u> </u>	<u></u> _6_	-
Enter new mailing address, if applicable:			TARY	V 29	FILE
(Mailing address MAY BE A POST OFFICE BOX)			77	_⊒ĕ	AND FILED 2 Ndv 29 PH 5: 10
			93.7 23.7	<u></u>	_
			7. 2.	0	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		cords, <u>enter the</u>	name of	the n	<u>ew</u>
Name of New Registered Agent:					-
New Registered Office Address:					
	Enter Flo.	rida street addres	SS.		
		, Florida			_
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agen	ıt:				

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

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> Name Remove Remove Remove Remove Remove Remove

If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessar	'y.)
•		
November 19	2012	
All		
Signat	ture of a member or authorized representative of a member	
Amal E. Nasser,	Member	
<u></u>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY DE STATE

A PROVE