

L11000 111 007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

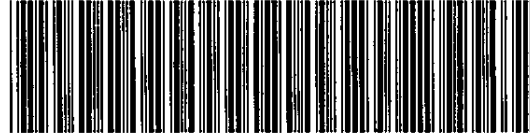
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N.K.N VIRTUAL 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:

Nicholas STORR
Name of Person

N.K.N VIRTUAL SERVICES LLC
Firm/Company

850 NW 210 St #207
Address

MIAMI, FLORIDA 33169
City/State and Zip Code

nkntaxfinancialservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2016

NICHOLAS STORR
850 NW 210 ST #207
MIAMI, FL 33169

SUBJECT: N.K.N VIRTUAL SERVICES LLC
Ref. Number: L11000111007

We have received your document for N.K.N VIRTUAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00006195

RECEIVED
2016 APR -7 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 APR -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

N.K.N. VIRTUAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/28/2011 and assigned Florida document number L11000111007.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N.K.N. TAX & FINANCIAL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nicholas Stora

New Registered Office Address:

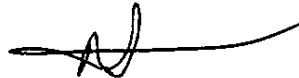
Enter Florida street address

City, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTINE STORR	850 NW 210 St #207 MIAMI FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10:58 PM
PH 0:15

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated April 1st E, 2016



Signature of a member or authorized representative of a member

NICHOLAS STORR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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