

L13000114438  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**BAKER IT CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 APR 29 PM 4:17  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE  
2016 APR 29 A 9:31  
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MAY 02 2015  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Baker IT Consulting, 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 8/13/2013 and assigned  
Florida document number L13000114438.

This amendment is submitted to amend the following:

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

Nubaj, LLC

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

Enter new principal offices address, if applicable:

123 Madeira Avenue, Ste 201

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33134

Enter new mailing address, if applicable:

123 Madeira Avenue, Ste 201

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables, FL 33134

**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:

New Registered Office Address:

123 Madeira Avenue, Ste 201

Enter Florida street address

Coral Gables

City

Florida

33134

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	Hector Aguirre	C. JARDIN DE LA NORIA 6	<input type="checkbox"/> Add
		RDCIAL JARDINES DE SAN CA	<input checked="" type="checkbox"/> Remove
		SAN ANDRES CHOLU. AL 7282	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 DEPARTAMENTO DE INGENIERIA  
 ALPHASEN

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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2016 APR 29 A 9:31  
STATE  
FLORIDA  
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated April 29 2016

Signature of a member or authorized representative of a member

**Simon Baker**

Typed or printed name of signee.