# L13000146093

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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215 DEC 28 AM 9: 3:

M. Cumpan DEF-2 9 2015

## COVER LETTER

SUBJECT: N/K	HOLDIN	G, LLC	
Sobsect	Name of Limit	led Liability Company	adeconder and the Control of the Con
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Cla	udia Netti	9
	NIK	HOLDING, LLC	,
	921 0	Pirm/Company PSCEOLA DRIVE	#6
	Boca to	Address 71. 3343.	2
_	Ceres int	City/State and Zip Code  emational holdin  be used for future annual report notification	g a smarl, com
For further information conce	erning this matter, please ca	II:	
Claudia Name of Per	Nettig	at(30)	phone Number
Enclosed is a check for the fo	ollowing amount:		
(1) \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

December 15, 2015

CLAUDIA NETTIG 921 OSCEOLA DRIVE #6 BOCA RATON, FL 33432

SUBJECT: NIK HOLDING, LLC Ref. Number: L13000146093

We have received your document for NIK HOLDING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cant read the name in "A". is the 3rd word Holding? LORKEG

Yes Thankyon

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00026265

15 DEC 28 PH 4: 05

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 215 DEC 28 AM 9:39

NIK HOLDING, LLC

SECRETARN OF STATE TALLAHASSER, PLORIDA

Zip Code

A. If amending name, enter the new name of the limited liab	pility company here:
CERES IN'L HOL	Dira, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	, , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:	**************************************
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	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 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	ı	
<u>Title</u>	Name	Address	Type of Action
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	te, if other than		Ton	ian Ist	2016	(optional)	
i enecuve d	te, if other than late is listed, the date date inserted in this	must be specific and	a cannot be prior i	o date of filing or	more than 90 da	ys after filing.) Pursu	ant to 605.020
	affective date on the			ole statutory im	ng requiremen	its, this date with it	n be fisted a
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Typed or printed name of fignee

Filing Fee: \$25.00