14000065451

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF THE PROPERTY OF

JUN 10 2014 J. HARRIS

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

| SUBJECT: NMK | C, LLC | | |
|-----------------------------|--|---|--|
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kenneth L. F | Paretti, Esquire | |
| | | Name of Person | |
| | Quinton & P | aretti, P.A. | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 80 SW 8th S | Street, Suite 2150 |) |
| | | Address | |
| | Miami, Florid | da 33130 | |
| | | City/State and Zip Code | |
| | kparetti@quinton | paretti.com to be used for future annual report notifi | action |
| For further information a | oncerning this matter, please ca | - | Cation) |
| | | | 707 |
| Kenneth L. | Paretti, Esquii | at () | 121 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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) |
| Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building | 1 |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| y Company as it now appears on our records.) Limited Liability Company) | |
|--|---|
| ompany were filed on April 22, 2014 | and assigned |
| | |
| ted liability company here: | |
| ited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| | |
| ESS) | |
| | BIN SECRETARY FOR THE STATE OF |
| ered office address on our records, <u>ente</u> <u>ess here</u> : | er the name of the r |
| | |
| Enter Florida street address | . |
| Enter Prortati Sirver daaress | |
| , Florida _ | Zip Code |
| | ered liability company here: ited Liability Company," the designation "LLC" or the street office address on our records, enteress here: 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------------|--|-------------------|
| MGR | Fernando Arellano Geddes | 13110 Biscayne Blvd., North Miami, FL 3318 | 1 ≡ Add |
| | | | □ Remove |
| | | | _ |
| ··· | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | □ Remove |
| | | | - NOT SECUL |
| | | | Remove Carlotte |
| | | | Remove |
| | | | _ _□ Add |
| ··· | | | _□ Remove |
| | | | |

| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| <u> </u> |
| |
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| |
| Effective date, if other than the date of filing: (optional) |
| (The effective date must be specific, cannot be prior to date/of metipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) |
| Dated June 2 2014 |
| Janua All John Committee C |
| MAAUNT |
| Signature of a member or authorized representative of a member |
| / Kenneth L. Paretti,/Esquire, Registered Agent |
| Typed or printed name of signee |
| |
| |
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| \ <u>\</u> |

Page 3 of 3

Filing Fee: \$25.00