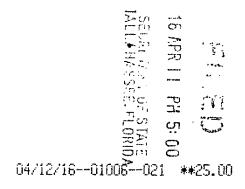
# L15000 202 706

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800284372108



2016 APR 11 AM 8: 2

J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
IWINK MIN SUBJECT:	NK LLC		
Sobject.	Name of Limi	ted Liability Company	<del></del>
	amendment and fee(s) are sub	•	
Please return all correspon	dence concerning this matter t	to the following:	
	ADRIANNA KELLY FRA	NCIS	
		Name of Person	— <del>————————————————————————————————————</del>
		Firm/Company	
	3100 NW 48TH TERR	runvcompany	
		Address	
	MIAMI, FL 33142		
	RAISHA.KELLY@YMAIL	City/State and Zip Code .COM	
	E-mail address: (t	o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	II;	
ADRIANNA KELLY FRANCIS		305 902-7888 at ()	Felephone Number
Name of	Person	Area Code Daytime T	elephone 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

## TO ARTICLES OF ORGANIZATION OF

IWINK MINK LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company lorida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7- (1)
		in the second se
		1
nter new mailing address, if applicable:	-	
failing address MAY BE A POST OFFICE BOX)		
		ORII
		) <sub>A</sub>
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here.  Name of New Registered Agent:		cords, <u>enter the name of the l</u>
New Registered Office Address:		
ivew Registered Office Address.	Enter Florida street a	address
		, Florida
<del></del>	City	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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAISHA KELLY	3100 NW 48TH TERR	□ Add
		MIAMI, FL 33142	■ Remove
			- Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
		·	Change
			Add
			□ Remove
			☐ Change
			3
			□ Remove
			Remove
			□ Remove
			☐ Change

•						
_				4-1879 (		-
					<del></del>	-
_		<del></del>				-
-					<del></del>	_
_						_
_						-
_						-
_						-
<del>-</del>						=
_						-
_						_
				•		_
						-
_						-
-					<del></del>	-
_						-
_		· <b></b>				=
Note:	ve date, if other than the certive date is listed, the date mu. If the date inserted in this beent's effective date on the D	lock does not meet the	e applicable statutory filin	(option fore than 90 days after fi g requirements, this c	nal) iling.) Pursuant to 60 date will not be lis	5.0207 (3)(b ted as the
	ord specifies a delaye 90th day after the rec		out not an effective t	ime, at 12:01 a.	m. on the earl	er of:
	APRIL 07	2016	6		Sign -	
		_	·			
Dated_		,,			<b>?</b> .≃ To	7
Dated .	Udrimma	Kely Jan	u,		PR PR	in the co
Dated <sub>.</sub>	Udrimma	Signature of a member	r or authorized representative	of a member	PR I	p + 16 de
Dated .	ADRIANNA KELLY I	Signature of a member	or printed name of signee	of a member	PR I	

Page 3 of 3

Filing Fee: \$25.00