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Division of Corporations

Fax Number : (850) 617-6383

From:

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

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOK INVESTMENTS, LLC

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Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOK INVESTI			<u></u>
(Name of the Limited Liability Company (A Florida Lamited Lia	as it now appears buity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	05/24/2016	_ and assigned
Florida document numberL16000100187			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>c</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or the shbro	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, LOAN	NI 26 NOTE
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on	our records, enter th	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
<del></del>	Cuy		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>	Address	Type of Action
MGR/P	JERMAINE MOMENT	8211 NORTHWEST 44TH COURT	<b>5</b> Add
		LAUDERHILL, FLORIDA 33351	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			S Add
		SECRETARY OF CHARGE	
			SECRETARY OF STATE OF
			SAdd SAdd
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inda lifting di	e, if other than the of the is listed, the date must are inserted in this blo fective date on the De	date of filing be specific and ock does not n	1000 010 211 1111000	date of filing or mole scattatory filing	(o ore than 90 days a g requirements,	ptional) fler filing.) Pursu this date will no	ant to 605.02 of he listed a
e record sp The 90th (	ecifies a delayed day after the reco	effective coord is filed.	date, but not	an effective t	ime, at 12:0	1 a.m. on th	ie earlier
Dated	JUNE 25		2018	_ •			
				ized representative			

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