

L16000134030

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TALLAHASSEE FLORIDA

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S Warren

FEB 20 2017

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2017

KATRISKA LEE RIVERA  
2838 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746

SUBJECT: N.K. GOLDEN ROCK SERVICES L.L.C.  
Ref. Number: L16000134030

We have received your document for N.K. GOLDEN ROCK SERVICES L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00001796

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N.K. Golden Rock Services L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KatrisKa Lee Rivera  
Name of Person  
KatrisKa Lee Rivera Owner  
Firm/Company  
2838 Sweetspire Circle  
Address  
Kissimmee, FL 34746  
City/State and Zip Code  
NKgoldenrockservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KatrisKa Lee Rivera at (321) 443-9864  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

N.K. GOLDEN ROCK SERVICES 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 07/15/2016 and assigned Florida document number L16000134030.

This amendment is submitted to amend the following:

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

NK GOLDEN ROCK SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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:

Enter Florida street address

City

Florida

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**

**FILED**  
JUL 15 2016  
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TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA  
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This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated February 13, 2017

*Katya Lee Rina*  
Signature of a member or authorized representative of a municipality

KatrisKa Lee Rivera

Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA