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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	fied Copies Certificates of Status		
Special Instructions to	Filing Officer:		





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D. SCOTT JAN 2 7 2017

COVER LETTER

Division of Co		
	ni King LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing
	ondence concerning this matter	•
	Leilani N. King	
	***************************************	Name of Person
		Firm/Company
	101 Mill Pond Lane	
		Address
	Royal Palm Beach, Florida	a 33411
	lularoeleilaniking@gmail.co	City/State and Zip Code
	E-mail address: ((to be used for future annual report notification)
For further information of	concerning this matter, please co	all:
Leilani N. King		561 723-8751 20 TT
Name o	of Person	call: at (
Enclosed is a check for t	he following amount:	96 × 96 × 96 × 96 × 96 × 96 × 96 × 96 ×
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLR Leilani King LLC						
(Name of the Limited	d 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 and assign lorida document number						
his amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:					
NK USA LLC						
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."				
Enter new principal offices address, if applical	Llo.					
<u>Principal office address MUST BE A STREET</u>	ADDRESS)					
Enter new mailing address, if applicable:						
<u>Mailing address MAY BE A POST OFFICE B</u>	OX)					
		طن ت				
3. If amending the registered agent and/o	r registered office address on our records, en	ter the name of the ne				
egistered agent and/or the new registered offi		26				
Name of Novy Begintened Agents		3				
Name of New Registered Agent:		(A) (A)				
New Registered Office Address:	***	<u> </u>				
	Enter Florida street address	\$25M				
	, Florida	1				
	City	7in 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> Name <u>Address</u> **Type of Action** □ Remove □ Change □ Add ☐ Remove _□ Change □ Remove □ Change _ D:Ada Remove Hemove 26 Change of 2 06 □ Remove ☐ Change ☐ Remove

☐ Change

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ctive date, if other than the da	te of filing:		(opt	tional)
effective date is listed, the date must be	specific and cannot be pr	ior to date of filing or	more than 90 days afte	er filing.) Pursuant to 605,0
If the date inserted in this block iment's effective date on the Depa	treet inc app	iicable statutory fili de	ng requirements, th	is date will not be fisted
ment a enecute date on the Depa	micht of State 3 recon	us.		善
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ie soth day after the record	is filed.			
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Page 3 of 3

Filing Fee: \$25.00