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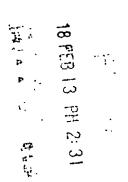
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

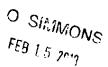
Office Use Only



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COVER,LETTER~

TO:				•
STIR:	NK FLO	ORIDA ESTATES, LLC		
SUB		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	Interest of Person Address 10 Interest of Person In
		NATHAN UDO	MSRI	
			Name of Person	
			Firm/Company	
		461 CALLE PO	ORTILLA	
			Address	
		CAMARILLO	, CA 93010	
			City/State and Zip Code	
			_	Instront
For fi	urther information o		, in the second	(California)
	Firm/Company 461 CALLE PORTILLA Address CAMARILLO, CA 93010 City/State and Zip Code nathan.udomsri@nk-estates.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Yelena Sverdlova, Esq. Name of Person at (754) 444-1442 Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Gaidittional copy is enclosed) Certified Copy Certified Copy			
	Name o	of Person	Area Code Daytime	: Telephone Number
Enelo	sed is a check for t	he following amount:		
⊠ \$	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

NK FLORIDA ESTA	ATES, LLC		
(Name of the Limi	ted Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L17000114552</u>	iability Compa	any were filed on 05/24/2017	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited l	iability company here:	
NK CIRCLE, LLC			. 6
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L. ex
Enter new principal offices address, if applic	able:	N/A	(2)
Principal office address MUST BE A STREI	ET ADDRESS	<u> </u>	دن د. د
Enter new mailing address, if applicable:		N/A	2:31
Mailing address MAY BE A POST OFFICE	BOX)		
			·
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Floric	la
	-	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

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>Address</u> Type of Action <u>Title</u> Name N/A □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change □ Add ے Change بے

 Change
 □ Remove
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Note:	tive date, if other than the date of filing: Effective Immediately (optional) Bective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	.0207 (3 Kb ed as the
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	Rebuirty 7th 2018	
	matel 1	

Page 3 of 3

Filing Fee: \$25.00