

218000135521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

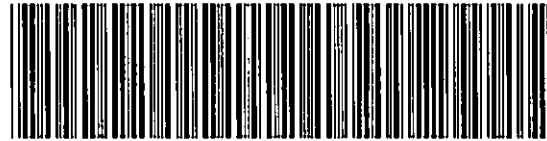
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

H. Kennedy

NOV 28 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCK CONSULTING & MANAGEMENT LLC

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:

JOSEPH D PENA

Name of Person

SMGQ LAW

Firm/Company

201 ALHAMBRA CIRCLE SUITE 1205

Address

CORAL GABLES FLORIDA 33134

City/State and Zip Code

DORCHILLES@SMGQLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE ORCHILLES

305 377-1000

Name of Person

at (_____) _____
Area Code

Daytime Telephone 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

NCK CONSULTING & MANAGEMENT LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

סחל

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>
AMBR	LUISA F HURTD	8300 NW 53RD STREET STE350 DORAL, FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN FRANCISCO HERNANDEZ BRUZUAL	8300 NW 53RD STREET STE350 DORAL, FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

2018

~~Signature of a member or authorized representative of a member~~

CARLOS ALBERTO GARCIA ARTEAGA

Typed or printed name of signee