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COVER LETTER

Registration Section
Division of Corporations

TO:

NKANT/ SUBJECT:	GROUP LLC	•	•
SOBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	JENNY M AMAYA AMA	ΔΥΑ ,	
		Name of Person	
	NKANTA GROUP LLC		
		Firm/Company	
	4983 SW 171ST TERRAC	DE .	· ½ · · · · · ·
		Address	
	MIRAMAR, FL 33027		e e e
		City/State and Zip Code	',
	nkantagroup@gmail.com		
	E-mail address: (to be used for future annual report r	notification)
For further information	concerning this matter, please ca	ıll:	•
JENNY M AMAYA A	MAYA	305 796 4071	
Name	of Person	Area Code Day	time 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)
MAII	JNG ADDRESS:	STREET/COU	RIER ADDRESS:
Regist	ration Section	Registration Sec	ction
	on of Corporations Sox 6327	Division of Cor Clifton Building	
	assec, FL 32314	2661 Executive	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		200 55
.	4 1 A** 11	
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:		San S
New Registered Office Address:		\$10 F
	Enter Florida street addres	.x
<u>. </u>		orida
N. B. C. A. G. C. A. G. C. B. C. Davidson	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, ar gent as provided for in Chapter 605, ed office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

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	Address	Type of Action
AMBR	CARMEN ELENA ESCABRISA	9127 SW 41ST	
-		MIRAMAR, FL 33025	
		VIRAMAR, PL 35023	Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove Thange
	1	· .	Add C
			☐ Change
			□ Remove
			□ Change
			□ Add
			□ Remove
	•		Change

MARTHA J GOMEZ PARR.	A 33.33%	
CARMEN ELENA ESCABR	ISA 33.33%	
		<u></u>
		. 2
		200
		Str
		7
tive date, if other than the effective date is listed, the date must If the date inserted in this blument's effective date on the Defective date.	be specific and cannot be prior to date of filing or not does not meet the applicable statutory filing.	(optional) more than 90 days after filing.) Pursuant to 6 ng requirements, this date will not be li
ecord specifies a delayed e 90th day after the rec	effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the ear
1 05-27-20	iq Auno chaci	
	Signature of a memore or authorized presentative	e of a member
	Jenny Amoya	

Page 3 of 3

Filing Fee: \$25.00