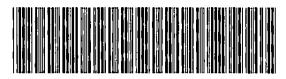
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NNZK Capital Partner	5 LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Talal Name of Perso	SIC
NNZK Capital Firm/Company	Grap LLC
333 S.E 2nd Andress	ie Suite 2000
Migmi FL 33 City/State and Zip legg G NN2K Cay E-mail address: (to be used for future a	Oode Oital.com noual report notification)
For further information concerning this matter, please call:	
Talal Nasir at (305 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Certificate of Status \$\Bigcup \$\text{cardditional copy}\$	py Certificate of Status &

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

NNZK Capit	al Partners		
(<u>Name of the Limiled Li</u> (A F	ability Company as it now approvide Limited Liability Compar	<u>ears on our records.</u>) y)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 3/79.	09/19/2019	_ and assigned
This amendment is submitted to amend the following	ığ:		
A. If amending name, enter the new name of the	limited liability company	here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," t	ne designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)	160° 200 200 200 200 200 200 200 200 200 2	
		<u>.</u>	<u> </u>
Enter new mailing address, if applicable:	<u></u>	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		। ।
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		
Name of New Registered Agent:	NNZK Capit	al Group LLC nd Ave Suite	. <u>Y</u>
New Registered Office Address:	333 S.E 2	nd Ave Suite	3000
_	•	, Florida3	
New Registered Agent's Signature, if changing Regis	•		eap Sires

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NNZK Capital Ventures Luc	333 S.E and Ave	D Add
		Suite 2000	№ Remove
		Miami FL 33131	Change
MGR NNZKO	NNZK Capital Group L	LL 333 S.E and Ave	DP Add
		Suite 2000	Remove
		Micmi FL 33131	Change
			Remove
			□ Change
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			Remove
			Change
			Add
			Remove
			Change

-,	
n effecti te: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the day after the record is filed.
ted	Febrary 21 . 2019.
	Yh-
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00