

L 19 0000 734 92

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

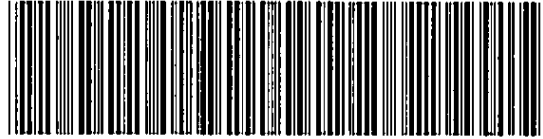
(Business Entity Name)

(Document Number)

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04/01/19--01026--015 **25.00

2019 APR -1 AM 10:51
CORPORATION
ALL INFORMATION

APR 08 2019
C McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NNZK Capital RE Investments LLC
Name of Limited Liability Company

2010 APR - 1 AM 10:51
FILED APR 29 2010
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Talal Nasir
Name of Person

NNZK Capital Enterprises LLC
Firm/Company

333 SE 2nd Ave Suite 2000
Address

Miami FL 33131
City/State and Zip Code

legal@NNZKCapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Talal Nasir at (305) 414-0004 Ex + 1
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NNZK Capital RE Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 APR - 1 AM 10:51
FILED
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 03/15/2019 and assigned Florida document number L19000073452.

This amendment is submitted to amend the following:

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida _____

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NNZK Capital LLC	30 N Gould St	<input type="checkbox"/> Add
		Suite R	<input checked="" type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
MGR	NNZK Capital Enterprises LLC, 333 SE 2nd Avenue RE Investments Series		<input checked="" type="checkbox"/> Add
		Suite 2000	<input type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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