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DATE:

11/16/22

NAME: NKA HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Co						
SUBJECT: NKA HOL	DINGS, LLC					
SUBJECT.		nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing				
	ondence concerning this matter	-				
	Nektarios Amanatidis	Name of Person				
	NKA Holdings, LLC					
		Firm/Company				
	13119 Belknap Place	Address				
	Bradenton, FL 34211					
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
	joes3838@icloud.net E-mail address: (to be used for future annual report notif	fication)			
For further information c	oncerning this matter, please c	all:				
Ann Johnson Name of Person		at (941) 309-1312				
Name o	i Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fec	☐ \$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		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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NKA HOLDINGS, LLC

company has been notified in writing of this change.

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

Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	Enter Flori City	da street address , Florida	
	Enter Flori	da street address	
Name of New Registered Agent:			
agent and/or the new registered office address here:	, assisson var te	evius, <u>viitei int ilali</u>	e or the new registers
B. If amending the registered agent and/or registered office		cords, enter the nam	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
		_	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the do	signation "LLC" or the ab	breviation "L.L.C."
A. If amending name, enter the new name of the limited li	ability company he	re:	
This amendment is submitted to amend the following:			
Florida document number 120000311728			
The Articles of Organization for this Limited Liability Compare Florida document number 120000311728	ny were filed on 10/	12/2020	and assigned

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>		Address	Type of Action
VP,COO	Giuseppe Sciulara	18036 Polo Trail	🗀 Add
		Bradenton, FL 34211	■Remove
			☐ Change
VP, COO	Anna Sciulara	18036 Polo Trail	\equiv \eq
		Bradenton, FL 34211	□Remove
			□Change
			□Remove
			☐ Change
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te: If the date inserted in th	is block does	not meet the app	licable statutory				
cument's effective date on the	he Department	of State's recor	ds.				
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ecord specifies a delayed effe is filed.	ective date, bu	t not an effective	time, at 12:01 a	i.m. on the earlie	r or: (b) 1:	ne yoth day after t	nc
ted November 15		2022					
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flem	<u> </u>						
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esegni Gruseff	Signature	of a member of all		ative of a member			

Filing Fee: \$25.00