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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931

Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NINA KAI LLC

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T. LEMIEUX

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H-DET 28 2024

COVER LETTER

	gistration S vision of Co			
SUDIECT.	NINA KA	I LLC		
SUBJECT:		Name of Lie	nited Liability Company	
The enclose	d Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return	n ali corresp	ondence concerning this matte	r to the following:	
		TIBILOV, EMIR		
		-	Name of Person	<u> </u>
		Nīna KAI LLC		
			Firm/Company	
		200 DIPLOMAT PARKV	VAY #625	
			Address	
		HALLANDALE BEACH		
			City/State and Zip Code	
		stylismy8@gmail.com		
		E-mail address: (to be used for future annual report non	fication)
For further is	nformation c	oncerning this matter, please c	all;	
TIBILOV, E	MIR		305 813-5516	
	Name o	f Person	Area Code Daytim	c Telephone Number
Enclo se d is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address sistration S		<u>Street Address:</u> Registration Sec	Nion.
		orporations	Division of Cor	
P.O	. Box 632°	7	The Centre of T	allahassee
Tall	ahassee, F	L 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINA KAI LLC		
(Name of the Limited L.) (A F.)	ability Company as it now appears on our recording Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/29/2024	and assigned
Florida document number L24000450530		
This amendment is submitted to amend the following	g:	
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	2
		<u> </u>
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter</u> e:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	, FI	orida
	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>	Address	Type of Action
AMGR	TIBILOV, EMIR	200 DIPLOMAT PARKWAY #625	⊒ Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Add
			□ Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
]Change
			□Add
			□Remove
			□ Change
		 -	
			□Remove
			Change

		
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Effective date, if other than the	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207
If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0207 atory filing requirements, this date will not be listed as
document 3 effective date on the E	repartite it of State 3 records,	
e record specifies a delayed effectived is filed.	re date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
	2024	
Dated		
Dated	Emin Tibilov Signature of a member or authorized representations	

Filing Fee: \$25.00