P02000104499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 OCT 21 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2019

S. YOUNG

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.c
Website: www.aisincfl.c

NAME OF ENTITY

NRK Property, Inc.

FOR OFFICE USE ONLY

PICK ONE:

__✓__CERTIFIED COPY _____PHOTOCOPY _____C.U.S.

FILING:

____CORPORATION ____LLC _____LIMITED PARTNERSHIP ____GENERAL PARTNER

____FICTITIOUS NAME ____SERVICEMARK/TRADEMARK __✓__AMENDMENT

____FOREIGN QUALIFICATION ____JUDGMENT LIEN

____OTHER____________________________

RETRIEVAL:

____GOOD STANDING CERT/C.U.S. ____CERTIFIED COPY ____PHOTOCOPY

Of______________________________________

APOSTILLE/CERTIFICATION REQUEST:

Country______________________________________

Amount of Documents__________________________

DATE 9/22/19 **TIME**__________

Notes:______________________________________

Articles of Amendment
to
Articles of Incorporation
of

NRK Property, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000104499

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607 1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following an its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_______________ *Th*

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co." or the designation "Corp," "Inc," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A."

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _______________

____
(Florida street address)

New Registered Office Address: _______________, Florida _______
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and ti address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	V	Kaan Bici	10741 NW 5th St.
X Add			Plantation, FL 33324
___ Remove			
2) ___ Change			
___ Add			
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. **<u>If amending or adding additional Articles, enter change(s) here</u>**:
(Attach *additional sheets, if necessary*). *(Be specific)*

F. **<u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:</u>**
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: ______________________________, if date this document was signed.

Effective date <u>if applicable</u>: ______________________________

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.

Adoption of Amendment(s) **(<u>CHECK ONE</u>)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ______________________________."

(voting group)

■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 26, 2019

Signature ______________________________

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert Bici

(Typed or printed name of person signing)

President

(Title of person signing)