

L14000073256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
BUREAU OF CORPORATE
INFORMATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEKRANK.COM, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ARVIN KUMAR
Name of Person

BONTIVA INC
Firm/Company

225 N COLUMBUS DR UNIT 7303
Address

CHICAGO, IL 60601
City/State and Zip Code

ARVIN KUMAR @ BONTIVA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARVIN KUMAR at (216) 570-7681
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: N/A AS PER LETTER

- | | | | |
|---|--|--|--|
| ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

ARVIN KUMAR
BONTIVA INC
225 N COLUMBUS DR UNIT 7303
CHICAGO, IL 60601

SUBJECT: GREEKRANK.COM, LLC
Ref. Number: L14000073256

We have received your document for GREEKRANK.COM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00002852

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GREEK RANK, COM, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/1/2014 and assigned Florida document number L14000073256

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 end with 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)

225 N COLUMBUS DR UNIT 7303
CHICAGO, IL 60601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

225 N COLUMBUS DR UNIT 7303
CHICAGO, IL 60601

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

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TALLAHASSEE, FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
			☐ Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 18, 2015.



Signature of a member or authorized representative of a member

ARVIN KUMAR

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA