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(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
ALLARASSEE BY OBINA

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COVER LETTER

Division of	Section Corporations			
SUBJECT: DK/GK	Limited Partnership			
N	Jame of Florida Limited Par	tnership or Limited L	iability	Limited Partnership
The enclosed Certif	ficate of Amendment ar	nd fee(s) are subm	iitted f	or filing.
Please return all co	rrespondence concernit	ng this matter to:		
David S. Korduba				
	Contact Person			
DK/GK Limited Part	nership			
 .	Firm/Company		•	
8283 Pine Cay Road				
	Address		•	
Wellington, Florida 3	3414			
	City, State and Zip Code			
motocross719@aol.co	om			
E-mail address: (to be used for future annual	report notification)	-	
For further informa	ation concerning this m	atter, please call:		
David S. Korduba		at (889-3	628
Name of Con	tact Person		d Dayti	me Telephone Number
Enclosed is a check	c for the following amo	unt:		
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	ess:	MAIL	ING A	ADDRESS:
Registration Section		Registration Section		
Division of Corpor	Division of Corporations			
Clifton Building		P. O. Box 6327		
2661 Executive Ce		Tallaha	issee, l	FL 32314
Tallahassee, FL 32	2301			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DK/GK Limited Partnership		
Insert name currently on file	with Florida De	partment of State
Pursuant to the provisions of section 620.1202, Florimited liability limited partnership, whose certific 01/22/07, assigned Floriadopts the following certificate of amendment to it	ate was filed vida document	with the Florida Department of State on number A07000000084
This amendment is submitted to amend the following:		II.
_		
A. If amending name, <u>enter the new name of the lindere</u> :	<u>mited partners</u>	hip or limited liability limited partnership
New name must be distinguisha	ble and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	al office addr	ess, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		ROF
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registerew registered agent and/or the new registered office		ess 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 l	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 l
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered	d Agent, Signature of New Registered Agent	<u>1</u>

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Gen. Ptr.	David S. Korduba	8283 Pine Cay Road Wellington, Florida 33414	_
Gen. Ptr.	D.S.K. Enterprises, LLC	8283 Pine Cay Road Wellington, Florida 33414	
			_ □ Add _ □ Rerective
			TI COMPONENTS OF THE COMPONENT
			上

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership	o hereb	v elects to be a	"Limited Liability	Limited Partnership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
	ly 11, 2018 after the date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the abe listed as the document's effective date on the Departm	
Signature(s) of a general partner or all gener	al partners*:
(*NOTE: Only one current general partner is required to	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign
David S. Korduba - David Haylanda	JECRETAL TIL
	SECOND D
	T CORRESPONDE
	——————————————————————————————————————
Signature(s) of all new or dissociating genera	I partner(s), if any:
D.S.K. Enterprises, LLC	
By: David S. Korduba, Manager	
Daris J. Kardurg	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	