(((H240000239023)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

Account Number : 119980000090 Phone : (407)839-4200 : (407)839-4264 Fax Number

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

Email Address:

Fax Services

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PK FAMILY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX Help JAN 26 2024

Electronic Filing Menu Corporate Filing Menu

850-617-6381

1/22/2024 4:45:37 PM PAGE 1/001 Fax Server

→ 18506176383



January 22, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PK FAMILY, LLC 1736 FIFESHIRE COURT LONGWOOD, FL 32779

SUBJECT: PK FAMILY, LLC

REF: L02000001986

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The last page of the amendment is illegible incomplete.

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.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: E24000023902 Letter Number: 224A00001181

(H24000023902 3)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as It now appears oility Company)	on our records.)	
ere filed on	4/20 maga	and assigned
ty company he	re:	
Company," the de	esignation "LLC" or the a	bbrevlation "L.L.C,"
	<del></del>	
dress on our re	ecords, <u>enter the nai</u>	ne of the new registered
Cue. Plea	ida at out whi are	
Enter Plan		
Сіђ	, Blorida	Zip Code
erformance of ovided for in C	my duties, and Lam Thapter 605, F.S. Or	gree to comply with the familian without , if this document is \\
	ere filed on ey company he Company," the de  Enter Flor  City  to act in this exportance of ovided for in C	dress on our records, enter the nai

(H24000023902 3)

If smending Authorized Person(s) sufherized to manage, enter the fifte, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Fax Services

<u>Title</u>	Name	Address	Type of Action
MGR	PRIYA P. KIRTANE	1736 Fifeshire Court	
		Longwood, Florida 32779	
		\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	□ Change
			□Add
		W	□ Reniove
			□Сhange
			□Add
			[]Remaye
			ClChange
			□∧dd
			ÜRemove
			Change
			□Add
			□Remove
			CIChanga
		. ————	Clodd
			ÜRemove
			[] Change

(H240000239023)

<del></del>				
	.,,			· · · · · · · · · · · · · · · · · · ·
			· ·	
<del> </del>				
	**			
		<u>.                                    </u>		
and the second control of the second control				
	·			
fective date, if other than the case effective date is listed, the date must stee. If the date inserted in this blocument's effective date on the Department.	be specific and cannot be ok does not meet the	e prior to date of filing applicable statutory	or more than 90 days at	otional) Her filing.) Pursuant to 605. this date will not be fiste
ecord specifies a delayed effective is filed.	date, but not an effec	rive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after
December 19	2023			
und	· · · · · · · · · · · · · · · · · · ·	•		
December 19	1			
	P	(hu) in	tative of a member	