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D. BRUCE
OCT 0 7 2008
EXAMINER

COVER LETTER

	egistration Sec ivision of Corp			
. CUD IECT	HUPER	OPTIK FLORIDA, LLC		
SUBJECT	•			
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
			(Name of Person)	
		BURKE, BLUE, HU	TCHISON, WALTERS & SMITH	08 SEC TAL
			(Firm/Company)	OCRET LAII)
		245%GRAND BOUI	LEVARD, SUITE 101	AAR) SSE
		•	(Address)	
		MIRAMAR BEAC	CH, FLORIDA 32450	FSTATE FLORIDA
			(City/State and Zip Code)	
		oncerning this matter, please c		_
	(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is	s a check for the	e following amount:		
\$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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TIK FLORID	-			
(<u>Name of the Limited Li</u> (A F	ability Compan orida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document numberL03000050914	ility Company v	were filed on	12/08/2003	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ıe limited liabil	lity company her	<u>re</u> :		
KalKo,LLC⊖.				75 a	
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Compa	any," the designation	n "LLC of he So reviation	
Enter new principal offices address, if applicab	le:	N/A		TARK T	
(Principal office address MUST BE A STREET)	ADDRESS)			140 0 L	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	N/A		U 3: 00	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			our records, <u>ent</u>	er the name of the new	
New Registered Office Address:	N/A				
		(E	nter Florida street	address)	
•	n., ear	. 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> <u>Address</u> N/A N/A _ Add Remove N/A N/A ☐ Add Remove N/A N/A N/A N/A ☐ Add Remove N/A N/A ☐ Add Remove N/A N/A Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September Signature of a member or author led representative of a member Sam Levy

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00