# L05000011490

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(Address)				
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05/20/09--01013--009 \*\*25.00

09 MAY 20 PH 4: 07
SECRETARY OF STATE

## **COVER LETTER**

то	Registration Sec Division of Corp			• •		
SUBJEC	CT:	RK	(Name of Lim	ited Liability Company)	<u>.</u>	<u>.</u>
The encl	osed Articles of A	Amendmer	nt and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	ndence cor	cerning this matter	to the following:		
			RONALE	(Name of Person)		
				(Name of Person)	,	
				(Firm/Company)		
			1967 C	(Address)  (Address)  (City/State and Zip Code)	QUARE	
		<u></u>	LONGE	(City/State and Zip Code)	<sup>3</sup> 27 <i>5</i> 0	
For furth	er information co	oncerning t	his matter, please ca	all:		
-	RONALD (Name o	ED W	ARDS	at ( <u>407) 82</u> (Area Cod	30 ~ 5457 de & Daytime Telep	phone Number)
Enclosed	l is a check for the	e followins	g amount;	•		
	0 Filing Fee	□\$30.00		□\$55.00 Filing Fee & Certified Copy (additional copy i		2\$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

## ARTICLES OF AMENDMENT

## FILED

# TO ARTICLES OF ORGANIZATION

O9 MAY 20 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
R.K. Investmen	ts I, uc
The new name must be distinguishable and end with the words "Limi"L.L.C."	
Enter new principal offices address, if applicable:	1967 CORPORATE SQUARE
(Principal office address MUST BE A STREET ADDRESS)	LONGWOOD, FL 32750
Enter new mailing address, if applicable:	1967 CORPORATE SQUAKE
(Mailing address MAY RE A POST OFFICE ROX)	100CC 45000 Fr 32750

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:	1967 CORPORATE SQUARE

(Enter Florida street address)

hong wood , Florida 32150
(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 = Market MGRM = 1	anager Managing Member				,	
<u>Title</u>	<u>Name</u>		Address		Type of Ac	tion .
<del> </del>	·				Add Remove	
					Add Remove	
					Add Remove	
	<del></del>				Add Remove	
	<u></u>				Add Remove	
•					Add Remove	
D. If amen	ding any other infor	mation, enter change(s)	here: (Attach additional shee	ets, if necessary.)	<del></del>	
_					<del>-</del>	
Dated S	13-2009		/	3	09 MAY 20 SECRETARY	
Dated			authorized representative of a me	COQ mber	(T)	
		KOVANO () Typed or p	orinted name of signee		PH 4: 07	4.20

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Filing Fee: \$25.00