

L050000113879

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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09 APR 24 AM 10:43  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 APR 24 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 951134 7510772  
AUTHORIZATION :  
COST LIMIT : *Spence*

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TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2009  
ORDER TIME : 4:03 PM  
ORDER NO. : 951134-010  
CUSTOMER NO: 7510772

DOMESTIC AMENDMENT FILING

NAME: DNSK, LLC

*File w/  
Restatement*

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2009

KIMBERLY MORET  
CSC  
TALAHASSEE, FL

SUBJECT: DNSK, LLC  
Ref. Number: L05000113879

**RESUBMIT**  
Please give original  
submission date as file date.

RECEIVED  
09 APR 24 AM 10:43  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for DNSK, LLC and the authorization to debit your account in the amount of \$655.00. However, the document has not been filed and is being returned for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 209A00011743

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09 APR 24 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DNSK, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/29/05 and assigned  
Florida document number L05000113879.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DNKS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated APRIL 23, 2009.

/s/ Adhid Alarif

Signature of a member or authorized representative of a member

ADHID ALARIF

Typed or printed name of signee