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SECRETARY OF STATE

COVER LETTER

TO: Registration S . Division of Co		(, t	
SUBJECT: RK Cap	ital Investments, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ratinder Sidhu		
		(Name of Person)	
	RK Capital Investme	nts, LLC (Firm/Company)	
	6329 State Road 54	(Address)	
	New Port Richey, FL		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Ratinder Sidhu (Name of Person)		at (727) 844-5552 (Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he 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)

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 TO ARTICLES OF ORGANIZATION OF

08 FEB -4 PM 2: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RK Capital Investments, LLC

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

(A Florida Limited Liability Company)

(,	Trottan Billiota Blabinsy Company,		
The Articles of Organization for this Limited L	iability Company were filed on 1/4/2007	and assigned	
Florida document number <u>L0700001273</u>	2000 200 00 00 00 00 00 00 00 00 00 00 0		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records ffice address here:	, enter the name of the new	
Name of New Registered Agent:	Ratinder Sidhu		
New Registered Office Address:	same	· · · · · · · · · · · · · · · · · · ·	
	(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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Dhaliwal Gunwant	6329 State Road 54 New Port Richey, FL 34653	Add Remove
			Add Remove
			Add Remove
	***************************************		AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
			8 FEB -4 8 FEB -4 8 FEB -4
Dated 1/18/	/ 2007 ,,	·	RY OF SEE FU
	Katinder &	idhu	STATI STATI
	Signature of a mo	ember or authorized representative of a member	<u> </u>
	Taurider Oldrid	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00