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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: GA	K, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Patricia Klein, Esq.		
		(Name of Person)	<del></del>
	Patricia Klein, P.A.		
		(Firm/Company)	
	2001 W. Sample Road, S	Suite 412	
	2001 IV. Gampio Noda, V	(Address)	TAL
	Pompano Beach, Florida	22064	9 AF
	Fornpano Beach, Florida	(City/State and Zip Code)	ASS
For further information	n concerning this matter, please c	all:	PR 27 PM 2: HASSEE, FLOR
Patricia Klein, Esq.	<u>-</u>	at (_954_) 935-3171	15. L. S.
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAK, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec- Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 6/28/2007	and assigned
Florida document number <u>L07000068283</u> .		
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1241 Sebastian Cove	08 TALL
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	APR T
Enter new mailing address, if applicable:	1241 Sebastian Cove	27 PM 2 SEE, FLO
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	TATE ORIGINAL TO THE TRAIN TH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	
	(Enter Florida	street address)
	, Flo	orida(Zip Code)
	1	V # /

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 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 **Title** Type of Action <u>Name</u> <u>Address</u> MGRM John Gihon 1241 Sebastian Cove **⊞** Add Remove Lake Mary, FL 32746 ☐ Add Remove 🕇 Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 22 Signature of a member or authorized representative of a member Patricia Klein, Esq.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00