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(Requestor's Name) (Address) (Address)	300157227363		
(City/State/Zip/Phone #)	06/29/0901033011 **55.00		
(Business Entity Name) .	in and the same that the same the same that		
(Document Number)			
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S. HAWKES

JUN 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GKR ACCOUNTING & BUSINESS LCC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
GRETA REYNOLDS Name of Person				
REYNOLDS MOSS LLC Firm/Company				
18331 Pines Blud #213				
Pembroke Pines FL 33029 City/State and Zip Code				
gretarey @ reynolds moss, com E-mail address: (1) be used for future annual report notification)				
For further information concerning this matter, please call:				
GRETA REYNOLDS at 954 432 9062 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$25.80 Filing Bee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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	1 -	
GKR ACCOU	INTING	& BUSINESS	SLLC
(Name of the Limited L (A F	i <mark>ability Company :</mark> lorida Limited Liab	as it now appears on our recor ility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab Florida document number	oility Company we	ere filed on 12/10/0	and assigned
This amendment is submitted to amend the follow	ving:		120
A. If amending name, enter the new name of the	he limited liabilit	y company here:	
REYNOLDS 1	Moss	LLC	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>-</u> 		
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida str	eet address
		, Flor	
	C	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 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 **Name** Address Brence Robinson MGR ☐ Add Remove MONIQUE MGR MONIQUE ~ ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN# 80-0432108 Dated member or authorized representative of a member REYNOLDS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00