L08000033539

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900130716929

06/05/08--01014--015 **35.00

SECRETARY OF STATE SHIPS OF STATE OF CORPORATIONS

8005 9 - MIN. 1017

J. BRYAN

JUN 23 2008

EXAMINER



June 6, 2008

GEORGI KIROV CITYGK, LLC 8400 BYRON AVE, #4B MIAMI BEACH, FL 33141

SUBJECT: CITYGK LLC Ref. Number: L08000033539 SECRETARY OF STATIONS
SHOW OF CORPORATIONS
SHOW OF CORPORATIONS
SHOW OF CORPORATIONS

We have received your document for CITYGK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 708A00035224

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:(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:	
GEORGI KIROV (Name of Person)	
CiT/GK LLC (Firm/Company)	
8400 BYRON AVE # 48 (Address)	o DIVIG
	SECRETARY INVISION OF CO
For further information concerning this matter, please call:	PARPO DRPO
(Name of Person) at (305) 507 - 6754 (Area Code & Daytime Telephone Number)	RATIONS 1: 18
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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



(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
TANYA KAVRAYOVA 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:	8400 BYRON AUE #48 MIANI BEACH FL 33141		
(Principal office address MUST BE A STREET ADDRESS)	MIANI BEACH, FL 33141		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8400 BYRON AVE #4B MÍANÍ BEACH, FL 33/41		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Name of New Registered Agent: TANYA KAVRAXOVA			

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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)

8400 BYRON AVE APT. Z (Enter Florida street address)

Page 1 of 2

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>Address</u> **Type of Action** Name | 🗖 Add Remove 🗖 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00