

LD910000061857

(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:

L. SELLERS

APR 1 2011

EXAMINER

Office Use Only



500199043385

03/28/11--01029--013 **35.00

FILED

11 APR 11 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MELIK STUDIO, LLC
(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:

DORCAS G. TROCHE
(Name of Person)

RCG ACCOUNTING & ASSOCIATES INC.
(Firm/Company)

9000 SHERIDAN STREET SUITE 138
(Address)

PEMBROKE PINES, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

DORCAS G. TROCHE at (954) 862-2222 EXT 3
(Name of Person) (Area Code & Daytime Telephone 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2011

DORCAS G. TROCHE
RCG ACCOUNTING & ASSOCIATES
9000 SHERIDAN STREET, STE. 138
PEMBROKE PINES, FL 33024

SUBJECT: MELIK STUDIO, LLC
Ref. Number: L09000061857

We have received your document for MELIK STUDIO, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 211A00007981

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MELIK STUDIO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/25/2009 and assigned
Florida document number L09000061857.

This amendment is submitted to amend the following:

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

CKFio, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: RCG ACCOUNTING & ASSOCIATES, INC.

New Registered Office Address: 9000 SHERIDAN STREET, SUITE 138
(Enter Florida street address)

PEMBROKE PINES, Florida 33024
(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)

FILED
11 APR 11 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

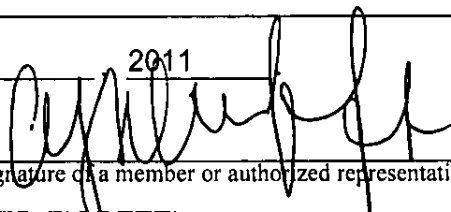
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTOPHER FIORETTI	1111 Lincoln Road 4th Floor Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CHRISTOPHER FIORETTI	7929 WEST DRIVE #1003 N BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
N BAY			<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 7

2011



Signature of a member or authorized representative of a member

CYNTHIA KASTNER-FIORETTI

Typed or printed name of signee