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•	(Requestor's Name)			
•				
•	(Address)			
1	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
1	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			

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EXAMINER

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SECREMAN OF STATE
TALLAHASSEENTLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: OK Lighting 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:				
Kenneth Hatz Name of Person				
GK Lighting LLC Firm/Compan)				
3410 Criffin Road				
Dania B 33312 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dense Smith at (954) 312-0692 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status 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

Cok Lighting	6 1) C
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)
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	<u>lity company here</u> :
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2801 Evans ST. Hollyward, A. 33020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2801 Evans ST. Hollyword, Pl 33020
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
	TAS T
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	11E

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 = M MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
<u>.</u>			Add
			Remove
	·		Add Remove
			Remove
			Add Remove
			Remove
•			Add
			Add Remove
			<u> </u>
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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_			
Dated			
			<u> </u>
	Signature of a membe	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00