

LD9 000116569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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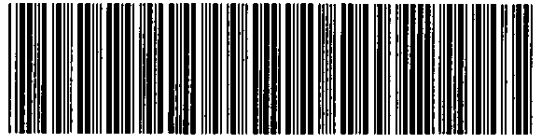
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G. MCLEOD

JAN 26 2010

EXAMINER



900163845309

01/25/10--01036--030 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 25 PM 12:17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PKV 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:

Kaushik Patel  
Name of Person

PKV LLC  
Firm/Company

10081 Intercom Drive  
Address

Fort Myers, FL 33913  
City/State and Zip Code

aark03@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaushik at ( 937 ) 626-7205  
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

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

**PKV 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 12/08/2009 and assigned  
Florida document number L09000116569.

This amendment is submitted to amend the following:

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

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:**

10081 Intercom Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Myers, FL 33913

**Enter new mailing address, if applicable:**

10081 Inntercom Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Myers, FL 33913

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

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**

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	Kaushik Patel	10081 Intercom Drive Fort Myers, FL 33913	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Pushpa Patel	42 Pinehurst Place Springboro, OH 45066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Vinod Patel	1195 Russ Road Greenville, OH 45331	<input checked="" 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.)*

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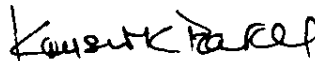


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Dated 01/22, 2010



Signature of a member or authorized representative of a member

Kaushik Patel

Typed or printed name of signee