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SECRETARY OF STATION OF CORPORATION

COVER LETTER

Division of Co			
SUBJECT:	SKIK	LLC	
Sebelei:		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Zvenk	Name of Person	
		Name of Person	
	SKIK	LLC	
		Firm/Company	
	7011 N	more st.	
	<u> </u>	Monroe St.	
	Arlina	ton JA 22207	
	•	City/State and Zip Code	·
	Zvenkak (E-mail address:	City/State and Zip Code E amail. Com to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	
Zventa	Klenfeld	at (<u>703</u>) 522-7 Area Code & Daytime T	359
Name	of Person V	Area Code & Daytime T	elephone Number
Enclosed is a check for t	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)
MAII	INC ADDDECS.	STDEET/COUDIED	ADDESS.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

10 OCT -4 AMIT: 27

	KLLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>5e</u>	pt 28, 2010 and assigned	
Florida document number <u>L 1 6000101437</u>	<u> </u>	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	·	······································	
(Principal office address MUST BE A STREET ADDI	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	······································		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City .	, Florida 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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>mgr</u> m	George Kleinfeld	3011 N. Monroe St Arlington VA 22207	☐ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	ary.)
			SECRETARY OF COR
Dated Sep			ARY OF STATE OF CORPORATIONS -4 MIT 27
		r or authorized representative of a member Kleinfeld d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00