

L10000112935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

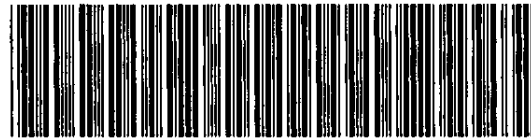
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JAN 15 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KALIK, 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:

JOEL M. COMEFORD, ESQ.  
Name of Person

JOEL M. COMEFORD, P.A.  
Firm/Company

350 CAMINO GARDENS BLVD., #303  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

JOEL@COMEFORDLAW.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL M. COMEFORD at ( 561 ) 368-0500  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

JOEL M. COMERFORD, P.A.  
ATTORNEY AT LAW  
350 CAMINO GARDENS BOULEVARD, SUITE 303  
BOCA RATON, FLORIDA 33432

JOEL M. COMERFORD

TELEPHONE (561) 368-0500  
FACSIMILE (561) 620-2565  
E-MAIL joel@comerfordlaw.net

January 10, 2013

Via U.S. Mail

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

**Re: KALIK LLC**  
**Articles of Amendment to Articles of Organization**

Dear Sir or Madam:

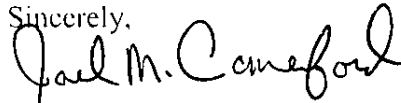
In connection with the above-referenced matter please find enclosed the following:

1. Check #3495 in the amount \$25.00
2. Cover Letter
3. Articles of Amendment to Articles of Organization of KALIK LLC

Please accept this as my request to file the attached Articles and provide me with proof thereof at your earliest convenience.

If you should have any questions please do not hesitate to contact me.

Sincerely,



Joel M. Comerford

enclosures

cc: Carlos Demirdjian, Manager

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

KALIK, 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 OCTOBER 29, 2010 and assigned  
Florida document number L10000112935.

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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:

(Principal office address MUST BE A STREET ADDRESS)

600 S. OCEAN BLVD., #1008  
BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 S. OCEAN BLVD., #1008  
BOCA RATON, FL 33432

**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:

JOEL M. COMEFORD, P.A.

New Registered Office Address:

350 CAMINO GARDENS BLVD., #303

*Enter Florida street address*

BOCA RATON

*City*

Florida 33432

*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.*

Joel M. Comeford

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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DIVISION OF  
STATE OF  
MASSACHUSETTS  
REGISTRATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated January 9, 2013



Signature of a member or authorized representative of a member

Carlos Demirojian

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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