# L11000085243

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TALLAHASSEE, FLORIDA

FILED

B. BOSTICK OCT 17 2014

EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

"<sub>ECT.</sub> Samkin TK, 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:

## Mahendra K. Changela

Name of Person

Samkin TK, LLC

Firm/Company

9128 Isles Cay Drive

Address

Delray Beach, FL 33446

City/State and Zip Code

mk.changela@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Mahendra K. Changela

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)

S60.00 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

FILED

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

Samkin TK, LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liab Florida document number L11000085243	bility Company were filed on Ju	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	<u>he limited liability company he</u>	<u>re</u> :
he new name must be distinguishable and end with the wo	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Cnter new mailing address, if applicable:		ARY OF TO
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	FLORUS FLORUS
		⇒ o ·
3. If amending the registered agent and/or egistered agent and/or the new registered officers.		our records, enter the name of the
Name of New Registered Agent:	Mahendra K. Changel	a
New Registered Office Address:	9128 Isles Cay Drive	
	Enter Flor	ida street address
	Delray Beach	, Florida <u>33446</u>
	City	Zip Code .

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registe

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
THE	ivaine	Addiess	1700 01 11011011
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D.	If am	ending any other informa	tion, enter change(s) here:	(Attach additional sheet	s, if necessary.)
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	-				
E.	(The eff	tive date, if other than the rective date must be specific, can te this document is filed by the F	not be prior to date of receipt or file	ed date and cannot be more than	(optional) n 90 days after
	Dated	October 09	2014		
	Dateu	A	vangelle	<b>- ·</b>	
		<del></del>	Signature of a member or author	ized representative of a memb	er
		Mahendra <sup>4</sup>			
			Typed or printed	name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE ASSESSED AND STATE