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12 APR 13 PH 4: 03
SECRETARY OF STATE
FALLARIASSEE FROM

C. LEWIS

APR 1 6 2012

EXAMINER

## **COVER LETTER**

Division of Corp		
SUBJECT:	CGK33, LLC  Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	MARTA STEWART  Name of Person	
	Name of Person	
	M. Stewart and Company Firm/Company	
	Firm/Company	
	115 Timberlachen Cin, Ste 1013	
	Address	
	LAKT Many, Fr. 32746  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	acerning this matter, please call:	
MARTA	STEWART 01 (407) 323-8332	
Name of I	STEWART at (407) 323-8332 Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S50.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	d)

#### 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

FILED 12 APR 13 PH 4: 03

CGK33, L	LC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on or Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company	were filed on	15, 3011 and assigned
Florida document number <u>LII 000 129935</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	A/ /A	
(Mailing address MAY BE A POST OFFICE BOX)		
Imaning dudress MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:	N 1A	
New Registered Office Address:		
	Enter Florida street address	
<del></del>		, 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> MGRM KAYUR PATEL 1683 ASTOR FARMS PL PATEL KEVIN MGRH ☐ Add ☐ Remove ☐ Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 106 Dated ŧ. Signature of a member or authorized representative of a member KIRAN PATEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00