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## **COVER LETTER**

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Régistration Section

Division of Cor	porations	1	
TK Enterpr	ises LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing. '	
Please return all correspo	ondence concerning this matter	to the following:	
·	Kenny Tang	:	
		Name of Person	
	TK Enterprises LLC		
		Firm/Company	
	934 N University Dr. STE	· (	
		Address	
	Coral Springs	1	
	<del></del>	0.40.40.41	
	33071	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not.	ification)
For further information of	concerning this matter, please ca	all:	
Kenny Tang		954 540-5390	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		1	
		1	
MAILING ADDRESS:		STREET/COUR Registration Section	
Registration Section Division of Corporations		Division of Corporations	
	lox 6327 assee, FL 32314	Clifton Building 2661 Executive C	enter Circle
		Tallahassee, FL 33	2301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TK Enterprises 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 06/18/2012	and assigned
Florida document number 41200008041	9	
This amendment is submitted to amend the following:	1	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liaoili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	: ' 	ecords, <u>enter the name of the new</u>
New Registered Office Address:		
-	Enter Florida stree	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zıp Сойе
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Sign	nature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ŀ

<u>Title</u>	Name Chairing David	Address	Type of Action
Owner	Christian Rassinoux		
			□ Remove
		<del></del>	□ Change
			□ Add
		<del></del>	□ Remove
			Change
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			Remove
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Effective da	ate, if other than the date of filing: date is listed, the date must be specific and cannot	be prior to date of filing or more than	(optional) 190 days after filing.) Pursuant to 605.0207
Note: If the	date inserted in this block does not meet the	e applicable statutory filing requi	rements, this date will not be listed as
document s	effective date on the Department of State's	1	
the record	specifies a delayed effective date,	but not an effective time,	at 12:01 a.m. on the earlier of
) The 90th	h day after the record is filed.		
Dated	10104/2018.	<u> </u>	
		=>/-/	
-	Signature of a membe	r or authorized representative of a me	ember
ŀ	Kenny Tang	i	

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Filing Fee: \$25.00