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EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: <u>G. K</u>	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
	PRANITHA BHASKAR Name of Person
_	GK FINE PRODUCTS, LLC FIRM/Company
-	GK FINE PRODUCTS, LLC Firm/Company 10386 SW AZZIA WAY Address PORT SAINT LUCIE, FL-34987 City/State and Zip Code
_	PORT SAINT LUCIE, FL-34987
_	Livejakai @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information conce	rning this matter, please call:
PRANITHA Name of Per	BHASKAR at (772) 345-1107 Area Code & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy
	(additional copy is enclosed)
Registration Division of P.O. Box 6.	Corporations Division of Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G K FINE PR	LODUCTS, LLC.	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our led Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 120000 860 97</u> .	any were filed on <u>June</u>	29 ^{1K} 12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	.imited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		To B
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	S TI
Enter new mailing address, if applicable:		5 B
(Mailing address MAY BE A POST OFFICE BOX)		5 · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floric	da street address
-	, 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> **Address** ASHRITHA MERM G. DHANAK JUNO LN Add 😿 Remove ☐ Add Remove ☐ Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member PRANITHA BHASKAR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00