112000144466

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	.
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		r r	1	· · · · · · · · · · · · · · · · · · ·
SUBJECT: <u>GK-1</u>	EVELO PM Name of Limited Lia	ENT GRO bility Company	ouP, LL	<u>C</u>
The enclosed Articles of Amendment and	fee(s) are submitted	for filing.		
Please return all correspondence concern	ng this matter to the	following:		
	Jim K	UNI Name of Person		
		Firm/Company		
	208 Hunt	Address	-ANE	
	SAFETY H			95
	HATEL Co.	•		
For further information concerning this n	natter, please call:			
DENNIS GUNTER Name of Person		at (<u>727</u>) <u>4</u> Area Code	<u>09 - Z9.</u> Daytime Teleph	2 / one Number
Enclosed is a check for the following am	ount:			
\$25.00 Filing Fee \$30.00 File Certification		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 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



May 27, 2014

JIM KUNI 1208 HUNTINGTON LANE SAFETY HARBOR, FL 34695

SUBJECT: GK - DEVELOPMENT GROUP, LLC

Ref. Number: L12000144466

We have received your document for GK - DEVELOPMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The amendment was received on 5/19/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00011354

COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT:	GK-DEVELOP	MENT GROUP, W	LC
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		m Kuni	
		Name of Person	
		Firm/Company	
	1208 44	NTINGTON LANE Address	
	SAFETY /	HABOL FL 34 City/State and Zip Code	1695
	DGUNTE E-mail address: (to be used for future annual report notif	Con ication)
For further information	on concerning this matter, please c	all:	
DENNI.	S GYWTER ne of Person	at (<u>727</u>) <u>409</u> - Area Code Daytimo	Z9Z/ Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

TO ARTICLES OF ORGANIZATION OF

	OPMENT GROUP, LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on
Florida document number <u>2/2 000/444</u>	GG Pim
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	128 EDGEWATER TEXPACE
(Principal office address MUST BE A STREET ADDR	ESS) DUNEDIN, FL 34698
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	128 EDGENATER TERRACE DUNEDIN, FL 34698
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	tered office address on our records, <u>enter the name of the nev</u> ress here:
Name of New Registered Agent:	DENNIS GUNTER
New Registered Office Address:	128 ED GEWATER TERRACE Enter Florida struct address
	DUNEDIN , Florida 34698 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 605, 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

Authorized Member being added or removed from our records:

<u>Title</u>	· <u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES C KYNI	1208 HUNTINGTON LANE SAFETY HARBOR, FL 3469	Add
		SAFETY HARSOR, FL 3469	10 Remove
			
			Add
			Remove
			Add
			□ Remove
			🗖 Add
			Remove
			
			D Add
			□ Remove
			Add
			Remove

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he effective date mus	other than the date of filing: <u>June 15</u> 2014 (optional) st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after at is filed by the Florida Department of State)
ated /u	<u>4</u> 2014
	Ck /
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ames C Kewi Ja.

Page 3 of 3

Filing Fee: \$25.00

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