## 112000149112

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	·
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



100253553621

11/12/13--01039--010 \*\*30.00

ZOURDEC II PHIZ: 30
SECRETARY OF STATE

DEC 1 2 2013

T. HAMPTON

TO: Registration Section .
Division of Corporations

SUBJECT: DKK Solutions, 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:

Kevin Kollar

Name of Person

**DKK Solutions, LLC** 

Firm/Company

873 Fairway Drive

Address

Plantation, Florida 33317

City/State and Zip Code

kevkollar@aol.com

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

For further information concerning this matter, please call:

Daniela Kollar

at (340) 514-6662

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)

□\$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



RECEIVED

13 DEC 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 14, 2013

KEVIN KOLLAR DKK SOLUTIONS LLC 873 FAIRWAY DRIVE PLANTATION, FL 33317

SUBJECT: DKK SOLUTIONS, LLC Ref. Number: L12000149112

We have received your document for DKK SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Jeraline Saulsberry Regulatory Specialist II

Letter Number: 513A00026422

www.sunbiz.org

District of Comparties and DOV 6207 Wellebesses Florida 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_				LLC	
(Name	e of the Lin	nited Liability	Company as it	now appears on our	records.)
		(A Florida L	imited Liability	(Company)	

The Articles of Organization for this Limited Lia	ability Company were filed	on 11/28/2012	and assig	ned
Florida document number L1000149112			SECRETAR TALLAHAS	五
This amendment is submitted to amend the follow	wing:		Y.,	
A. If amending name, enter the new name of	the limited liability comp	any here:	PHIZ: 3	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabilit	y Company," the designation	a "LLCP or the 60	breviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u></u>			,
B. If amending the registered agent and/or registered agent and/or the new registered off		ess on our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	Kevin Kollar			
New Registered Office Address:	873 Fairway Drive	Enter Florida street (	address	
	Plantation	, Florida	33317	
	City	, - 1011du	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 = Mai MGRM = M	nager Ianaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	Add
			Remove
<del></del>			
			TALE AHAS
			Remove
			Add
		, <u> </u>	Remove
<del></del>			Add
			Remove

mending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
12/3/13	
	New Sallan
	Signature of a member or authorized representative of a member
	KEVIN KOLCAR. Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 DEC || PM 12: 3