

L130000131966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

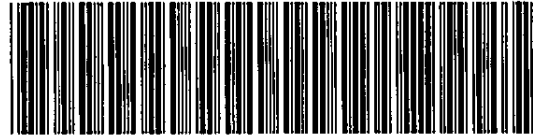
(Business Entity Name)

(Document Number)

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FILED
14 MAR 27 AM 10:04
TALLAHASSEE, FLORIDA

APR - 1 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TKR Realestate Holdings, 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:

Krishan Nagda

Name of Person

Firm/Company

917 Rinehart Road, Suite 1051

Address

Lake Mary, Florida 32746

City/State and Zip Code

krishannagda@yahoo.com

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

For further information concerning this matter, please call:

David Barkett

Name of Person

at **407 447-9407**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
14 MAR 27 AM 10:04
TALLAHASSEE, FLORIDA

TKR Realestate Holdings, 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 09/18/2013 and assigned Florida document number L13000131966.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Krishan Nagda	208 New Gate Loop	<input type="checkbox"/> Add
		Heathrow, FI 32746	<input checked="" type="checkbox"/> Remove
Manager	Krishan Nagda	208 New Gate Loop	<input checked="" type="checkbox"/> Add
		Heathrow, FI 32746	<input type="checkbox"/> Remove
Manager	Jos Holdings, LLC	917 Rinehart Rd.	<input type="checkbox"/> Add
		Suite 1051	<input checked="" type="checkbox"/> Remove
		Lake Mary, FI 32746	
Manager	James F. Crum	917 Rinehart Rd.	<input checked="" type="checkbox"/> Add
		Suite 1051	<input type="checkbox"/> Remove
		Lake Mary, FI 32746	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 24, 2014.


Signature of a member or authorized representative of a member

Krishan Nayda
Typed or printed name of signee