

9/18/2014

L14000096291

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140002193303ABCX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA & ASSOC.  
Account Number : 120070000089  
Phone : (813)260-4103  
Fax Number : (813)909-8803

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 19 PM 2:25

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: admin@robertgrahamcpa.com

RECEIVED

14 SEP 19 AM 8:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RK SERVICES & SOLUTIONS, LLC**

**EFFECTIVE DATE**  
9-19-14

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RK Services & 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:

Robert Graham  
Name of Person  
Robert Graham CPA LLC  
Firm/Company  
1518 Norwalk Dr.  
Address  
Lutz, FL 33559  
City/State and Zip Code  
bgraham309@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Graham at ( 813 ) 601 5513  
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



September 19, 2014

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsRK SERVICES & SOLUTIONS, LLC  
527 BROXBURN AVENUE  
TEMPLE TERRACE, FL 33617USSUBJECT: RK SERVICES & SOLUTIONS, LLC  
REF: L14000096291

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

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.

Teresa Brown  
Regulatory Specialist IIFAX Aud. #: H14000219330  
Letter Number: 514A00020143RECEIVED  
14 SEP 19 AM 8:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

(((H14000219330 B)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RK Services & Solutions, 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 6/16/2014 and assigned  
Florida document number L14000096291

This amendment is submitted to amend the following:

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

EFFECTIVE DATE

9-19-14

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:

Ramzy A. Kilic

New Registered Office Address:

527 Broxburn Avenue

Enter Florida street address

Temple Terrace, Florida

City

33617

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.

Ramzy A. Kilic  
If Changing Registered Agent, Signature of New Registered Agent

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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

| Title | Name            | Address            | Type of Action                             |
|-------|-----------------|--------------------|--------------------------------------------|
| MGR   | Kilic, Ramzy    | 527 Roxburn Ave.   | <input checked="" type="checkbox"/> Add    |
|       |                 | Temple Terrace, FL | <input type="checkbox"/> Remove            |
|       |                 | 33617              |                                            |
| MGR   | Kilic, Ramzy A. | 527 Roxburn Ave    | <input type="checkbox"/> Add               |
|       |                 | Temple Terrace, FL | <input checked="" type="checkbox"/> Remove |
|       |                 | 33617              |                                            |
|       |                 |                    | <input type="checkbox"/> Add               |
|       |                 |                    | <input type="checkbox"/> Remove            |
|       |                 |                    |                                            |
|       |                 |                    | <input type="checkbox"/> Add               |
|       |                 |                    | <input type="checkbox"/> Remove            |
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|       |                 |                    |                                            |
|       |                 |                    | <input type="checkbox"/> Add               |
|       |                 |                    | <input type="checkbox"/> Remove            |

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

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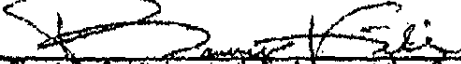
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E. Effective date, if other than the date of filing: 9.19.2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 17, 2014.

  
Signature of a member or authorized representative of a member

Ramzy Kilic  
Typed or printed name of signer

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Filing Fee: \$25.00

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