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	Registration Se Division of Cor					
SUBJEC		TORS LLC				
300000		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		RAJEEV PARMAR				
			Name of Person			
		PK INVESTORS LLC		Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Certificate of Status &		
	PK INVESTORS LLC Firm/Company 8713 ROLLING BROOK LANE Address JACKSONVILLE FL 32256					
		JACKSONVILLE FL 322	56			
		RAJEEVPARMAR@GMA				<
For furthe	r information co	e-mail address: (oncerning this matter, please c	to be used for future annual report notification all:	1)		-
RAJEEV	PARMAR		904 7077330 at ()		-5 -5 -01	
	Name o	f Person		nhone Number	77	17. TO 27.
Enclosed	is a check for th	ne following amount:				,
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stat Certified Copy	tus &	

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

PK INVESTORS LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/04/2014	and assigned
Florida document number 1.14000138529		
This amendment is submitted to amend the following	<u>z</u> :	
A. If amending name, enter the new name of the	limited liability company here:	19 1.47
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	्रं र
		نيز د
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re		enter the name of the ne
registered agent and/or the new registered office a	address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNIFER KESSLER	8713 ROLLING BROOK LANE	
		JACKSONVILLE FL 32256	■ Remove
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record The 90ti	specifies and day afte	delayed r the reco	effective rd is filed	date, but	not an eff	ective tin	ne, at 12:	01 a.m. o	n the earli	er
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Typed or printed name of signee

Filing Fee: \$25.00