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(Re	questor's Name)	
(Ad	dress)	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 1 5 2018

COVER LETTER

	Division of Corp	orations			
SUB	ALKA HOL	DINGS LLC			
		Name of Limi	ted Liability Company		
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all correspor	idence concerning this matter	to the following:		
		JOSEPH RENKO			
			Name of Person		
		JOSEPH RENKO P.A.			
Firm/Company					
8220 LAKEWOOD RANCH BLVD #414					
			Address		
		LAKEWOOD RANCH, FI	_ 34202		
			City/State and Zip Code		
		josephrenko@gmail.com			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For fi	urther information co	ncerning this matter, please ca	ill:		
JOSE	EPH RENKO		561 319-4412		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclo	osed is a check for the	e 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:

TO:

Registration Section

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

ALKA HOLDINGS LLC		
(Name of the Limited Liz (A Flo	iability Company as it now appears on our records.) lorida Limited Liability Company)	_
The Articles of Organization for this Limited Liabili	ity Company were filed on 9/30/2014 and	assigned
Florida document number L14000152111		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 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 AL	DDRESS)	
		SION
Enter new mailing address, if applicable:		- 9A-
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		OR CR
		ATION ATION
B. If amending the registered agent and/or r registered agent and/or the new registered office:	registered office address on our records, enter the nar	ne of the nev
registered agent and/or the new registered office	audi ess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
	City Zip Co	de

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	ALICJA KUKOWSKA	11009 PENDLETON AVE	≅ Add
		ENGLEWOOD, FL 34224	_ ☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if other than	the date of fili	no:		ı	(optional)	
f an effective date is listed, the date Note: If the date inserted in thi	must be specific a	ind cannot be pric	or to date of filing of	or more than 90 day	s after filing.) Purs	uant to 605.029
document's effective date on the	: Department of	f State's record	s.	g requirement		or bo natou i
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ne record specifies a dela The 90th day after the i			ot an effectiv	e time, at 12	:01 a.m. on ti	ne earlier i
MAN 0		2010				
Dated MAY 9		2018	<u></u>			
		, , , , , , , , , , , , , , , , , , ,				
(
	Signature of	a member or aut	horized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00