## 14000152111

Office Use Only



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## **COVER LETTER**

Division of Cor	porations		
ALKA HO SUBJECT:	LDINGS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	ALICJA KUKOWSKA		
		Name of Person	
	ALKA HOLDINGS LLC		
	<del></del>	Firm/Company	
	11009 PENDLETON AVE		
		Address	
	ENGLEWOOD, FL 34202		•
	ALKGLOBALPCK@GMAI	City/State and Zip Code IL.COM	
	E-mail address: (to	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	II:	
ALICJA KUKOWSKA		941 662-8760 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 ARTICLES OF ORGANIZATION

(Name of the Limited Liabilit (A Florida	ty Company as it now app Limited Liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited Liability C Florida document number L14000152111	ompany were filed on 	9/30/2014	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company	here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," th	e designation "LLC" or the a	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	11009 PENC	LETON AVE			
(Principal office address MUST BE A STREET ADDR	RESS) ENGLEWOO	ENGLEWOOD, FL 34224			
			8 81 18 S		
Enter new mailing address, if applicable:	11009 PENE	LETON AVE	EP 24		
(Mailing address MAY BE A POST OFFICE BOX)	ENGLEWOO	DD. FL 34224	A Set		
B. If amending the registered agent and/or regist	tered office address	an aur recards, enter	25 gr		
registered agent and/or the new registered office add		on our records, <u>carer</u>	THE HAIRE OF THE IN		
Name of New Registered Agent: ALICI	A KUKOWSKA				
New Registered Office Address: 11009	PENDLETON AVE				
	Enter l	Florida street address			
ENGL	EWOOD	, Florida <u></u>	224		
	City		Zip Code		

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.

Alige, Lulouska 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	JOSEPH RENKO	8220 LAKEWOOD RANCH BLVD #414	
		LAKEWOOD RANCH, FL 34202	<u> </u>
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fective date, if other than an effective date is listed, the date in serted in the date inserted in the date in the date on a series of the date on a series of the date of th	ate must be specific and ca this block does not me	annot be prior to date et the applicable sta	of filing or more than 9			
record specifies a del					the earl	ier o
The 90th day after the						
The 90th day after the	2018.					
The 90th day after the ated $\frac{09/8}{Alicy}$	2018  Signature of a me	ourkee	epresentative of a mem	ber		

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Filing Fee: \$25.00