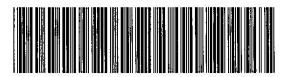
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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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SECHETARY OF STATE FAILLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 0 2 2015

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· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1 PKED 2014 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:	
Edward Goldberg Name of Person	
PKE 6 2014 1.1C Firm/Company	
661 Rutland Ave	
TEANECK, NJ 07666 City/State and Zip Code	
Ed 60Ldb Erg 1 P AOL. Con E-mail address: (to be used for lighter annual report notification)	4
For further information concerning this matter, please call:	
Edward Goldberg at (201) 214-2- Name of Person Area Code Daytime Teleph	727 one Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee &	1\$60.00 Filing Fee, Certificate of Status & SECRETARY Certified Constitutions of Status & SECRETARY (additional copy is the loss of SECRETARY CARRY CARRY CONTROL OF CO
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallebasses, FL 32314 STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Evecutive Center Cir.	STATE DRATION 11:27 STATE ORIDA

Tallahassee, FL 32301

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

	PKE	0 201	4 6	4.C				
(Name of the Limited I (A I	Liability Company Florida Limited Lis	y as it now app ability Company	<u>eárs on our</u> y)	records.				
The Articles of Organization for this Limited Liabi Florida document number <u>L/Y000/8</u>		vere filed on	No	1 25	12014	and as	signed	
This amendment is submitted to amend the following	ing:							
A. If amending name, enter the new name of the ρ	he limited liability \mathcal{KEG}		here:	LC				
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," th	e designatio	m "LLC" or	the abbrevi	ation "l.	.L.C."	_
Enter new principal offices address, if applicable	e:			·				_
Principal office address MUST BE A STREET A	<u>ADDRESS)</u>				·		<u></u>	-
					<u>₹</u> g	<u>-5</u> -	¥ <u>\$</u>	_
Enter new mailing address, if applicable:					CRETA	- NOF	ON OF	_
(Mailing address MAY BE A POST OFFICE BO)X)				RY C		3,4,5	_
	_				P S1/	<u> </u>	- 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25	_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off e address here:	ice address	on our i	records, <u>e</u>	nter the	name	of the	new
Name of New Registered Agent:		· - · -		- W1-1-				-
New Registered Office Address:		Enter i	Torida stree	1 address				_
				. Florid	a			
-		City		, _ 10.10		ip Code	!	_
New Registered Agent's Signature, if changing Reg	istered 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

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
	<u> </u>	·····	Add
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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Note:	ive date, if other than the date of filing:	al) ing.) Pursua ate will no	unt to 60 et be lis	5.0207 (3)(b) ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on the	e earl	ier of:
Dated	MAY 26, 2015.	I S	;	SIVIE
	Edd Doldy	- <u>- E</u> CR	TUL.	SION
	Signature of a member or authorized representative of a member	IARY I		TARY OF CO
	Edward Go Ldb Erg Typed or printed name of signee	OF S17	AM	EU OF STA ORPORA
		南部	: 27	TATE
	Page 3 of 3			-

Filing Fee: \$25.00