# L14000187438

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## COVER LETTER \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\*

TO: Registration Sec Division of Corp				
SUBJECT: KSK (	GRANT LLC			
	Name of Lin	nited Liability Company		'
I'he enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ken Koo			
	<del></del> ;*	Name of Person		_
	KSK GRAN	T LLC		
	<del></del>	Firm/Company		
	2671 Kerwo	od Circle		
	~	Address		-
	Orlando, FL	. 32810		
		City/State and Zip Co	ode	_
	koo_sandy@yah			_
		(to be used for future and	nual report notification)	
For further information co	ncerning this matter, please of	call:		
Sandy Koo		<sub>at</sub> (407)	421-0698  Daytime Telephone Numb	
Name of	Person	Area Code	Daytime Telephone Numb	er

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

☐ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 DEC 24 PM 2: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### KSK GRANT 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 Lia	ability Company were filed on 12/08/201	4 and assigned
Florida document number L14000187438		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	
	_ <del></del>	·
B. If amending the registered agent and/o registered agent and/or the new registered offi		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		FloridaZip Code
New Registered Agent's Signature, if changing Re		Zip Code
vew recurreren abent v Signature it chanding ka	anineanad Amanés	

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action** Sandy S. Koo 2671 Kerwood Circle **AMBR** □ Add Orlando, FL 32810 Remove \_ Add □ Remove □ Add \_□ Remove \_□ Add ☐ Remove \_\_\_ Add ☐ Remove \_ 🗆 Add

\_□ Remove

).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(	Effective date, if other than the date of filing: (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)
	December 22, 2014
	£- 2. Ko
	Signature of a member or authorized representative of a member  Kenneth L. Koo
	Typed or printed name of signee

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Filing Fee: \$25.00

