

**4500175538**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

*office@gulati.law.com*

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GK SHOPPING PLAZA, LLC**

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GK SHOPPING PLAZA, 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:

SARAH GULATI  
Name of Person  
GULATI LAW P.L.  
Firm/Company  
479 MONTGOMERY PLACE  
Address  
ALTAMONTE SPRINGS, FL 32714  
City/State and Zip Code  
SRKOSANAM@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SRINATH REDDY KOSANAM 407 844-7323  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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**

GK SHOPPING PLAZA, 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 Liability Company were filed on 10/15/2015 and assigned Florida document number L15000175538.

This amendment is submitted to amend the following:

**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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10503 EMERALD CHASE DRIVE

ORLANDO, FL 32836-5855

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10503 EMERALD CHASE DRIVE

ORLANDO, FL 32836

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SRINATH REDDY KOSANAM

New Registered Office Address:

10603 EMERALD CHASE DRIVE

Enter Florida street address

ORLANDO

Florida 32836

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

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	ASHOK G. REDDY	9733 WYLAND COURT	<input type="checkbox"/> Add
		WINDERMERE, FLORIDA 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	SRINATH REDDY KOSANAM	10603 EMERALD CHASE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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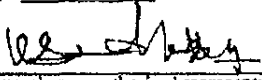
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EFFECTIVE DATE 10/30/2015

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated NOVEMBER 6, 2015  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SRINATH REDDY KOSANAM

\_\_\_\_\_  
Typed or printed name of signee