

**L16000134152**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

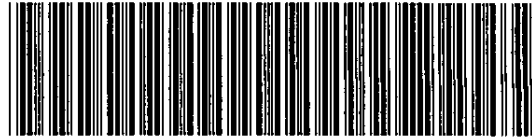
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**Jimmy Yao GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT RA address**  
**DATE 10/26/16**  
**DOC EXAM YES**

Office Use Only



**700289959297**

10/24/16--01021--009 \*\*25.00

FILED  
16 OCT 24 AM 10:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2016

YSC:KTR

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CKOORLANDO, 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:

Jimmy Yao

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

709 Montana Dr

\_\_\_\_\_  
Address

Morganville, New Jersey 07751

\_\_\_\_\_  
City/State and Zip Code

jimmy\_yao@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Yao

917  
at ( )

975-8338

\_\_\_\_\_  
Name of Person

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**

CKOORLANDO, LLC

(Register this 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 July 18, 2016 and assigned  
Florida document number L16000134152

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CKO ORLANDO, LLC

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 ADDRESS)**

709 Montana Dr.

Morganville, NJ 07751

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

709 Montana Dr.

Morganville, NJ 07751

**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:

New Registered Office Address:

13001 Lake Cypress circle

Apt A206

Orlando

Florida

32828

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**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NICOLAS GRABOWSKI	12624 VICTORIA PLACE CIR.	<input type="checkbox"/> Add
		#12108	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
16 OCT 24 AM 11:00  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

16 OCT 24 AM 11:00  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

16 OCT 24 AM 11:00  
STATE DEPT OF STATE  
WALL, HASSEE, FLORIDA

**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.

Dated October 20<sup>th</sup> 2016

Typed or printed name of signee Jimmy Yano