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(Requestor's Name)
(Address)
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(City (Chang G) a (Dhana a 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

FO:	Registration Se Division of Cor			
		GKK S	SERVICES LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are submondence concerning this matter t	-	
			WALTER STOCKER	
			Name of Person	
			BIZ ACCOUNTANTS	
			Firm/Company	<u></u>
		1070 V	V HORIZON RIDGE PKWY ST	E 111
			Address	
			HENDERSON, NV 89012	
			City/State and Zip Code	
			bizaccountants@yahoo.com to be used for future annual report no	utification)
For fur	ther information o	concerning this matter, please ca	·	
WALTER STOCKER			702 at ()	ification) 480-4341 The Telephone Number \$60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
	Name (of Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for t	he following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		# + · · ·		
		ING ADDRESS:	STREET/COUR	RIER ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO 5.7 ARTICLES OF ORGANIZATION 4.4

ION: 2019 SEP 23 PM 6: 29

			0 25
	VICES LLC	f =	, -
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe ited Liability Company)	ars on our records.)	. L
The Articles of Organization for this Limited Liability Comp. Torida document number	oany were filed on _	9/06/2016	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS.		designation "LLC" or the	e abbreviation "L.L.C."
Enter new mailing address, if applicable:	1070 W HOR	IZON RIDGE PKWY	
Mailing address MAY BE A POST OFFICE BOX)	HENDERSO	N. NV 89012	
3. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:		ter the name of the
	Enter Fl	orida street address	
		, Florida	l

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
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f an eft N <u>ote:</u>	ive date, if other than fective date is listed, the date If the date inserted in the nent's effective date on the	must be specific and car is block does not meet	mot be prior to date of t the applicable state	filing or more than 90 c	lays after filing.) Pursuant	to 605.0207 be listed as
	cord specifies a dela 90th day after the		e, but not an eff	ective time, at 1	2:01 a.m. on the 6	earlier of
Dated		·	·			
		-	11/-			
				resentative of a membe	 	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00