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(Re	questor's Name)	
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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: RK Financial SVCS, 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:	
Robert Ross Komarinetz	
Name of Person .	
Firm'Company	
81 Uno lago DY.	~1
Suno Beach FL 33408  City/State and Zip Code,  TKomarinetz@gmail.com	
City/State and Zip Code,    Comarinet z@gma./.com   E-mail address: (to be used for four annual report notification)	
For further information concerning this matter, please call:	17 or
Ross Komarinetz at 850, 294-3607	्राजी १७
Name of Person . Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee.  Certificate of Status \$\Bigcup Certified Copy \\ (additional copy is enclosed) \\ 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

RK Financial S	ives, LLC	
( <u>Name of the Limited Liabil</u> (A Florid	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability C. Florida document number 17 0000 255 75	Company were filed on and a	ssigned
This amendment is submitted to amend the following:		re filed onand assigned  y company here:
A. If amending name, enter the new name of the lim	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	amited Liability Company," the designation "LLC" or the abbreviation	LLC.
Enter new principal offices address, if applicable:	•	<b>式</b> 500
(Principal office address MUST BE A STREET ADD	DRESS)	
		宝 二
Enter new mailing address, if applicable:		_ <del>G</del>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> ₹
B. If amending the registered agent and/or registered agent and/or the new registered office ado	·	e of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
•	Cuy Zip Coc	('

### 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 Type of Action <u>Address</u> **Name** R. Ross Kunavinet Z 81 Uno lazo Dr. Juno Beach, Fl 33408 Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Remove \_□ Chan**g@** □ Add □ Remove ☐ Change □ Remove ☐ Change \_□ ∆dd ☐ Remove

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record The 90t	I specifies a delayed th day after the reco	effective date, but rd is filed.	not an effective	time, at 12:01 a.i	m. on the earlier o
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Filing Fee: \$25.00