117000143287

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(Address)		
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(Business Entity Name)		
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FILING CANCELLED RETURNED CHECK

2017 DEC -7 PA 2: 49

K. SALY DEC -8 2017

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	GNIKAI L	LC		
	Name of Lim	ited Liability Company		<u> </u>
		**	FILING (CANCELLED
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		NED CHECK
Please return all correspond	dence concerning this matter	to the following:		
	Christo	der Sepu Name of Person	lveda	
	AGNI	KAI, LL Firm/Company	.C	
	4266 1	Middle brook	K Rd #	238
		City/State and Zip Cod PUI veda a To be used for future arm		
For further information con	cerning this matter, please c		-	
Christopher	Sepulveda	ar (313)	207-7	614
Name of F	erson	Area Code	Daytime Teleph	none Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fe Certified Copy (additional copy is		\$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

ARTICLES	OF ORGANIZATIO	
	OF	201700 65
AGNIKA	-1, LLC	Our records.) AHASSEE FLORISTATE Outher 20 2017 LORID.
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on united Liability Company)	our records.) AHASSE OF 6.49
The Articles of Organization for this Limited Liability Cor		
Florida document number <u>L17000243287</u>	e.	,
This amendment is submitted to amend the following:		FILING CANCELLED
A. If amending name, enter the new name of the limite	ed liability company here:	RETURNED CHECK
	415495.6	
The new name must be distinguishable and contain the words "Limite	ed Diability Company, the design	nation "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Гиллин и и и и и и и и и и и и и и и и и		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	Ci.	, Florida Zip Code
	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Auth	norized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Christopher Sepulveda	4266 Middlebrook Rd #. Orlando, FL 32811	
		Orlando, FL 32811	Remove
	G CANCELLED RNED CHECK		Change
		Add	
			Remove
			2 Dange
			SEE AND
			To Remove 19
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add

	F/1 5.
FILING CANCELLED	201700
RETURNED CHECK	TALLAHASSEE, FLORIDA
	SEE. FLORID,
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated	~
Signature of a member or authorized	Hepresentative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00