

L18000044174

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
MAR 5 2018  
FILING OFFICE  
KANSAS

2018 MAR -S PM 11:17

MAR 06 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LK GRAPPLE SERVICES 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:

MARCO A. GARZA  
Name of Person  
LK GRAPPLE SERVICE LLC  
Firm/Company  
920 WILD TURKEY DRIVE  
Address  
NAPLES, FLORIDA 34120  
City/State and Zip Code  
GARZAM73@GMAIL.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO A. GARZA 239 537-9238  
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**

LK GRAPPALE SERVICES 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 2/14/18 and assigned  
Florida document number 618000044174.

This amendment is submitted to amend the following:

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

LK GRAPPLE SERVICE LLC

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)**

MARCO A. GARZA

920 WILD TURKEY DRIVE

NAPLES, FLORIDA 34120

**Enter new mailing address, if applicable:**

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

MARCO A. GARZA

920 WILD TURKEY DRIVE

NAPLES, FLORIDA 34120

**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:

MARCO A. GARZA

New Registered Office Address:

920 WILD TURKEY DRIVE

*Enter Florida street address*

NAPLES

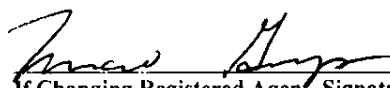
*City*

, Florida 34120

*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**



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**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.

(b) The 90th day after the record is filed.

Ken Fyfe

Typed or printed name of signee

THE UNIVERSITY OF CHICAGO

2018 MAR -5 PM 11:17

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