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,		COVER LETTE	R	
TO: Registration Division of (a Section Corporations			
GK Rea	lty Group LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	· · · · ·	
Please return all corre	spondence concerning this matter	to the following:	1997 - S. 1997 -	
	George J Khoury			
		Name of Person		
	GK Realty Group LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	·	
	1401 N University Dr. #4	07		
		Address		<u>-</u>
	Coral Springs, FL 33071			
		City/State and Zip Code		
	George.gkgroup@gmail.co			
For further informatic	n concerning this matter, please c	to be used for future annual all:	report notification	1
George Khoury			34-2205	
Nar	ne of Person	at () Area Code	Daytime Telep	hone Number
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	-	S55.00 Filing Fee Certified Copy radditional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADDRESS: Registration Section Division of Corporations		DDRESS:
	P.O. Box 6327Clifton BuildingTallahassee, FL 323142664 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301		ircle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GK Realty Group 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 05/02/2018 and assigned Florida document number L18000110025

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 55 tor

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	George Khoury		
New Registered Office Address:	1401 N University Dr. STE 407		
<u> </u>	Eaurr Florida street address		
	Coral Springs	, Florida ³³⁰⁷¹	
	Сну	Zip Code	

New Registered Agent's Signature, if chouging 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.



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If amending Authorized Person(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	George J Khoury	7916 NW 83rd St	Add
		Tamarac, FL 33321	Remove
	· · · · · · · · · · · · · · · · · · ·		
	.÷.,		
MGR	Georges EL Khouri	1401 N Unicersity Dr. STE 407	🗌 Add
		Coral Springs, FL 33071	Remove
		·	Change
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E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated <u>\$/22/12</u>	
Signature of a member of publicities of a member	
Signature of a memoer of Some nized representative of a memoer	
spect or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00