

LB000177635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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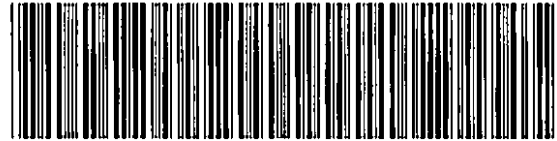
(Business Entity Name)

(Document Number)

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18 AUG 24 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HKM PINELLAS, 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:

MARK S THOMPSON

Name of Person

BUSINESSCOM SERVICES LLC

Firm/Company

P O BOX 1040

Address

AUBURNDALE FL 33823-1040

City/State and Zip Code

taxpreppie@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK S THOMPSON

407 906-1040
at ()

Name of Person

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**

HKM PINELLAS, 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 07/24/2018 and assigned
Florida document number L18000177635.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

28910 US HIGHWAY 19 N

CLEARWATER FL 33761-2447

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28910 US HIGHWAY 19 N

CLEARWATER FL 33761-2447

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18 AUG 24 PM 12:00
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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

28910 US HIGHWAY 19 N

Enter Florida street address

CLEARWATER

City

Florida 33761-2447

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, 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>	<u>Address</u>	<u>Type of Action</u>
MBR	KANAKIA, CHINTAN H	UNIT # 341, 3RD FLOOR IJMIM	<input type="checkbox"/> Add
		MUMBAI-400064 MAHARASHT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	HK MERCHANDISE PVT LTD	UNIT # 341, 3RD FLOOR IJMIM	<input checked="" type="checkbox"/> Add
		MUMBAI-400064 MAHARASHT	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

ARTICLE III

TOTAL INVESTMENT OF ORIGINAL CAPITAL BY LLC MEMBERS SHALL CONSIST OF THE:

FOLLOWING: (1) 49% OF TOTAL OPERATING CAPITAL INVESTMENT INTO THE LLC IS INVESTED

BY MIHIR BHUVA; (2) 51 % OF TOTAL OPERATING CAPITAL INVESTMENT INTO THE LLC IS

BY H K MERCHANDISE PVT LTD

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18 AUG 24 PM 12:00
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TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: JULY 24, 2018 (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 JULY 25 2018



Signature of a member or authorized representative of a member

MIHIR J BHUVA

Typed or printed name of signee