

L18000177635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

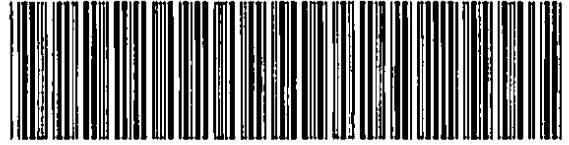
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/22--01019--027 **25.00

2022 SEP -6 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FL

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:

CHINTAN HARSHAD KANAKIA

Name of Person

HKM PINELLAS LLC

Firm/Company

28910 US HWY 19 N

Address

CLEARWATER, FL 33761

City/State and Zip Code

kanakia.chintan@gmail.com

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

For further information concerning this matter, please call:

CHINTAN HARSHAD KANAKIA

813 4081877
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 07/20/2018 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 "L.L.C." or the abbreviation "L.L.C."

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) _____

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: _____

Enter Florida street address

City

Florida

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

2022 SEP - 08 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.


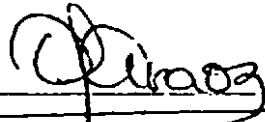
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

GLOBAL MULTISERVICE MANAGEMENT, LLC 2901 W BUSCH BLVD AVE 813-391-7538 STE 916 J TAMPA, FL 33618		1023 63-7580/2631 Date <u>Sept 2 / 2022</u> <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> DEPOSIT
Pay to the Order of <u>Florida Department of State</u>	\$ <u>25</u>	
<u>Twenty five and 00/100</u>	Dollars  <small>Security logo the picture Details version</small>	
MIDFLORIDA Credit Union <small>(Member Since 1970)</small>		
For <u>Amendment</u> <u>HEW Pinellas LLC</u>		
⑆ 263174804⑆	⑆ 30837282⑆ 1023	

5087059095 2022-09-08

ENDORSE HERE

092-450452-48254725
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☐ CHECK BOX FOR MOBILE/PRI, U.S. PHONE NUMBER
NAME OF PHYSICAL INSTITUTE OR FIRM / ENV

Tampa, November 2, 2022

SUNBIZ
Registration Section
Division of Corporations
P.O.BOX 6327
Tallahassee, FL 32314

Ref.: Amendment– HKM PINELLAS LLC – Document No. L18000177635

Dear Sirs:

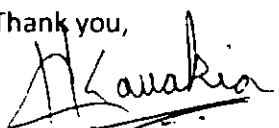
According to our telephone conversation with you, I send you again the amendment of my company in reference since it has not been approved due to the lack of signature of the company HK MERCHANDISE PVT LTD of which I am also the owner.

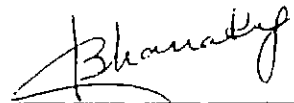
On the other hand, this amendment was sent twice before. The first time it was sent, but it was recast in the US POST OFFICE, however, the attached check for \$25 was cashed by you. The second was sent with a money order. For this reason, I cordially request a refund of US \$ 25, to be made payable to GLOBAL MULTISERVICE MANAGEMENT, which was the company that wrote the check for the first amendment (attachment). Please send them to the following address:

2923 JACOB CROSSING LANE, HOLIDAY, FL 34691

I really appreciate your prompt help on this amendment as I urgently need it.

Thank you,


CHINTAN HARSHAD KANAKIA
HK MERCHANDISE PVT LTD
Director


Bhavna Chintan Kanakia

HKM PINELLAS LLC
Authorized Member
Cellphone 813-408-1877

NOV 07 2022

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Division of Corporations**

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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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

HK MERCHANDISE PVT LTD sold their entire 51% stake to CHINTAN H KANAKIA

In that way I will become 100% owner of HKM PINELLAS LLC

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)

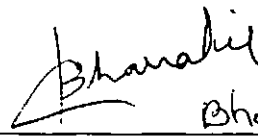
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 01 NOVEMBER 2022



Signature of a member or authorized representative of a member



Bhavna Chintan
Kanakia

CHINTAN HARSHAD KANAKIA / HK MERCHANDISE PVT LTD

Typed or printed name of signee