## M1600000 9511

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 5 K HOLDINGS LLC  Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
5K Holdiuss, LLC Firm/Company
10927 SW 24th Aue
City/State and Zip Code
integrituhomes and lending of yahoo Com E-mail medress: (to be used for future annual report notification)
For further information concerning this matter, please call:    Lett carto at (352) 642-2098     Name of Person   Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:  Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301 Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Enclosed is a check for the following amount:
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & \Bigcup \$55 Filing Fee & \Bigcup \$60 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  State: 5 k + 0 d in 65 l l l  Enter new principal office address. if applicable: 1092 Swall All C  (Principal office address  MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M160000957)
3. Jurisdiction of its organization: Florida: 10.13. 201.6  4. Date authorized to do business in Florida: 10.13. 201.6
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C.," or "L.L.C.," or "L.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floridicand attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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:    Compared Comp
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 603. 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

itle/ Capacity	<u>Name</u>	Address Type of A
55	12ethy Conto	5 10927 Swayth for Garresville, FL 326
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		Add
aforementio	a certificate, if required; no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organ	y the official having custody of records in the

Filing Fee: \$25.00