

L030000006486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

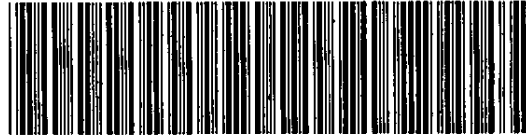
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2016 APR - 4 PM 1:32
FILING OFFICE
MILWAUKEE, WI

K. SALY
EXAMINER

APR - 6

Copy of Cover letter



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR -4 PM 4:11

CREATED BY DATE
TALLAHASSEE, FLORIDA

March 4, 2016

JRICKERS TRAVEL CONCEPTS LLC
JOERG RICKERS
269 NE 90TH ST.
EL PORTAL, FL 33138-3123

SUBJECT: JRICKERS TRAVEL CONCEPTS LLC
Ref. Number: L03000006486

We have received your document for JRICKERS TRAVEL CONCEPTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00004556

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

JRickers Travel Concepts, 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:

Joerg Rickers

Name of Person

JRickers Travel Concepts, LLC

Firm/Company

269 NE 90th Street

Address

El Portal, Florida 33138-3123

City/State and Zip Code

jr@jrtavelconcepts.com

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

For further information concerning this matter, please call:

Joerg Rickers

Name of Person

at (305) 754-4445

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**

JRickers Travel Concepts, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/21/2003 and assigned
Florida document number L03000006486.

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)

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

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>
MGR	Zita Blatter	269 NE 90 th Street, EL Portal FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
MGRM	COTTAM, JAMES JMR.	8240 SOUTH HOMESTEAD LANE, TEMPE, AZ 85284	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
MGRM	Krause, Hans-Joachim MR	4720 North Bay Road, Miami Beach FL 33140	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

2016 APR -4 PM 1:12
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2016 APR -4 PM 1:32
FBI - TAMPA

E. Effective date, if other than the date of filing: 1-31-2015 (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: 2/24/2016

. 2016

Signature of a member or authorized representative of a member

Joerg Rickers

M.D

Typed or printed name of signee