L09000085750

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2009 NOV -9 PH 2: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS NOV 1 0 2009 EXAMINER

COVER LETTER

	gistration Sec ision of Corp			·	
SUBJECT:	**	CKA	ventura LLC		
3000000		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspor	ndence concerning this matter	to the following:		
	•		Michelle Thomas		
			Name of Person		
Manella Management Firm/Company					
755 Island Way					
			Address		
Clearwater, FL 33767 City/State and Zip Code					
mthomas15@tampabay.rr.com E-mail address: (to be used for future annual report notification)					
For further is	nformation co	e-man address: (to		ort notification	1)
	Mich	elle Thomas	at (_727_)	461	-7049
	Name of	Person	Area Code &	Daytime Tele	phone Number
Enclosed is a	a check for th	e following amount:			
√ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is 6	[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

FILED

2009 NOV -9 PM 2 43

	K Aventura LLC
(<u>Name of the Limited Liab</u> (A Flor	K Aventura LLC illity Company as it now appears on our records.) SECRETARY OF STATE ida Limited Liability Company) TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
`	• • •
The Articles of Organization for this Limited Liabili	ty Company were filed on September 04, 2009 and assigned
Florida document numberL0900085750	<u>. </u>
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
	miled Rabins, company nere.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
Hirming with Case Nati Dalli Ost Ott 1 Cas Bore	<u> </u>
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office :	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	WIYONO KURNIAWAN	156 N LAKESIDE DR NW KENNESAW, GA 30144	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	<u>.</u>
 			ZIGNOV-9
_ <u>_</u> Dated	NOVEMBER 6	<u>2009</u> .	FD PM 23 43 ARY OF STATE
	Signature of a r	nember or authorized representative of a member	<u> </u>
		MICHELLE THOMAS Typed or printed name of signee	
		- A L L	

Page 2 of 2

Filing Fee: \$25.00