

L100000089081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2015 MAY - 8 P 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 15 15
TSCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K97, 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:

JOSE F. REMY

Name of Person

K97, LLC

Firm/Company

5100 SW 80 STREET

Address

MIAMI, FL 33143

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSE F. REMY

Name of Person

at (305) 778-4757

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

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	JOSE F. REMY	5100 SW 80 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RICARDO DE LA SERNA	299 HARBOR DRIVE	<input type="checkbox"/> Add
		KEY BISCAIYNE FL 33149	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE V IS AMENDED TO PROVIDE THAT THE COMPANY SHALL BE MANAGER MANAGED
AND THE NAMES OF THE CURRENT MANAGERS ARE JOSE F. REMY & RICARDO DE LA SERNA

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2015 MAY - 8 P 2:01
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TALLAHASSEE, FLORIDA

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 April 30, 2015



Signature of a member or authorized representative of a member

Jose Remy

Typed or printed name of signee