

L11000089844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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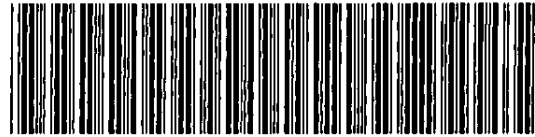
Special Instructions to Filing Officer:

**A. LUNT**

SEP -9 2011

**EXAMINER**

Office Use Only



700211094457

09/09/11--01020--001 \*\*25.00

FILED  
2011 SEP -8 PM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO \$



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2011

MARIUS J. GED  
7171 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33487

SUBJECT: RKF LLC  
Ref. Number: L11000089844

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2011 SEP - 8 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RKF LLC and your check(s) totaling \$6.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed check is not for the Sec. of State / Division of Corporations.

We are returning your check for \$6.00 to be replaced by one in the correct amount of \$25.00.

The check submitted must be made payable to the Florida Department of State.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 811A00019588

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RKF, 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:

Marius J. Ged  
Name of Person  
Ellis, Ged + Bodden, P.A.  
Firm/Company  
7771 N. Federal Highway  
Address  
Boca Raton, FL 33487  
City/State and Zip Code  
mgeda@ellisandged.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Marius J. Ged at (904) 995-1966  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RKF, 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 8/4/11 and assigned  
Florida document number 111000089844.

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 end with 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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 Changing Registered Agent, Signature of New Registered Agent**

**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>	<u>Type of Action</u>
MGRM	Frank Marinero	6730 Columbia Avenue Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Steven R. Rider	8320 NW 26th Street Sunrise, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated

August 17, 2011

Signature of a member or authorized representative of a member

Marius J. Ged  
Typed or printed name of signee