

K11 000144546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

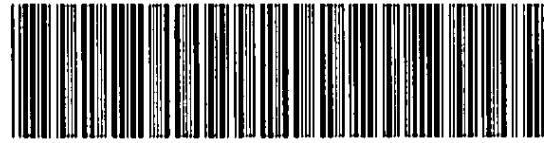
(Document Number)

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21 JUL 19 PM 1:06  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RK 17534 Collins, 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:

Anne-Marie Valla

\_\_\_\_\_  
Name of Person

RK Centers

\_\_\_\_\_  
Firm/Company

50 Cabot Street, Suite 200

\_\_\_\_\_  
Address

Needham, MA 02494

\_\_\_\_\_  
City/State and Zip Code

amvalla@rkcenters.com

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

For further information concerning this matter, please call:

Anne-Marie Valla

781 320-0001  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

21 JUL 19 PM 1:06

RK 17534 Collins, 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 12/27/2011 and assigned Florida document number L11000144546.

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 "L.L.C." 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:**

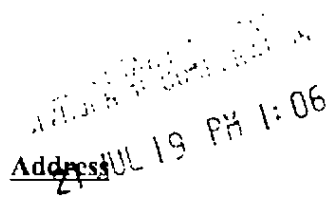
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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**


  
 RECEIVED  
 JUL 19 PM 1:06

| <u>Title</u> | <u>Name</u>                     | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|---------------------------------|---------------------------------|--|
| MGRM         | Katz Legacy Limited Partnership | 17100 Collins Avenue, Suite 225 | <input checked="" type="checkbox"/> Add    |
|              |                                 | Sunny Isles Beach, FL 33160     | <input type="checkbox"/> Remove            |
|              |                                 |                                 | <input type="checkbox"/> Change            |
| MGR          | Raanan Katz                     | 17100 Collins Avenue, Suite 225 | <input type="checkbox"/> Add               |
|              |                                 | Sunny Isles Beach, FL 33160     | <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            |

