

L12000046117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

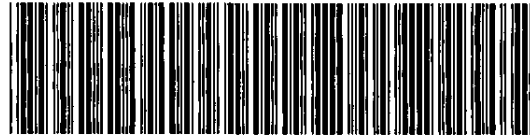
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JULIA A. STONE

06/27/14--01032--002 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JRK Property I 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:

Jeffrey W Kaplan

Name of Person

Finw/Company

12417 Hidden Brook Drive

Address

Tampa FL 33624

City/State and Zip Code

jrkproperty1@gmail.com

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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Jeffrey Kaplan

Name of Person

at (813) 789 4713

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

JRK Property I LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Sarah Kaplan	24219 Denali CT	<input checked="" type="checkbox"/> Add
		Lutz FL 33559	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JANUARY 27 2011

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

E. Effective date, if other than the date of filing: 06/25/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 06/25/2014



Signature of a member or authorized representative of a member

Jeffrey W Kaplan

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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