

L14000028574

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

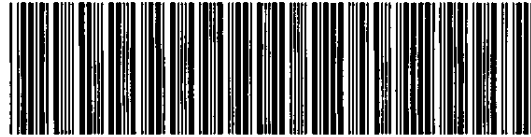
(Document Number)

### Certified Copies

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100-443886-1

14 JUN 17 PM 3:07

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2014

**T. BROWN**

## COVER LETTER

TO: Registration Section  
.. Division of Corporations

SUBJECT: PRALINE PROPERTIES 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:

Bertha Perez

Name of Person

Kaoukiboard Properties

Firm/Company

7304 Fountain Ave

Address

Tampa Florida 33634

City/State and Zip Code

silviadawson55@gmail.com

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

For further information concerning this matter, please call:

Silvia A Dawson

Name of Person

at ( 813 ) 610-2593

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2014

SILVIA A DAWSON  
A TAX TIME INC  
7015 DAWSON LANE  
TAMPA, FL 33634

SUBJECT: PRALINE PROPERTIES LLC  
Ref. Number: L14000028574

We have received your document for PRALINE PROPERTIES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00009277

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

**PRALINE PROPERTIES LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 JUN 17 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02-19-2014 and assigned Florida document number L14000028574.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

7304 FOUNTAIN AVE

TAMPA FLORIDA 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7304 FOUNTAIN AVE

TAMPA FLORIDA 33634

**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:

SILVIA A DAWSON

New Registered Office Address:

7015 DAWSON LANE

*Enter Florida street address*

TAMPA

*City*

, Florida 33634

*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 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	PAQUITA VELASCO	7304 FOUNTAIN AVE TAMPA FLORIDA 33634	<input checked="" type="checkbox"/> <del>Add</del> <i>change Address</i> <input checked="" type="checkbox"/> <del>Remove</del>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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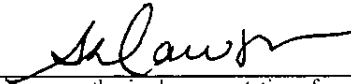
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 FEB 24, 2014



Signature of a member or authorized representative of a member

**SILVIA A DAWSON**

Typed or printed name of signee