

214 0000 42008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

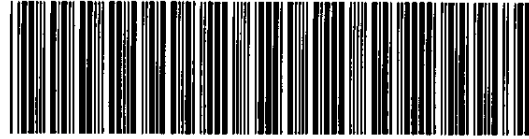
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUN 30 AM 8:52  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JRK Property III**

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:

**Rasa Kaplan**

Name of Person

Firm/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)

For further information concerning this matter, please call:

**Rasa Kaplan**

Name of Person

at ( **727** ) **418 3261**

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**

JRK Property III

(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 04/01/2014 and assigned  
Florida document number L14000042008.

This amendment is submitted to amend the following:

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

1603 Idell LLC

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)**

12417 Hidden Brook Drive

Tampa, FL 33624

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12417 Hidden Brook Drive

Tampa FL 33624

**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:

Rasa Kaplan

New Registered Office Address:

12417 Hidden Brook Drive

Enter Florida street address

Tampa

City

Florida 33624

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.*

*Rasa Kaplan*  
**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	Linda Lewis	12417 Hidden Brook Drive	<input checked="" type="checkbox"/> Add
		Tampa Fl 33624	<input type="checkbox"/> Remove
MGR	Christopher Curtis	4238 WEST MORRISON AVE TAMPA, FL 33629	<input type="checkbox"/> Add
			<input checked="" 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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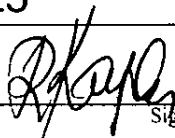
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 June 25, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rasa Kaplan

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

RECEIVED  
TALLAHASSEE, FLORIDA

14 JUN 30 AM 9:52

14 JUN 10