

L 14 0000 49226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

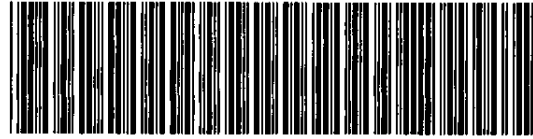
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 8 49 08 AM '14
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COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: 1605 East Idell 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:

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**

1605 EAST IDELL 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 04/01/2014 and assigned Florida document number L14000049226.

This amendment is submitted to amend the following:

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

8109 Klondyke 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:

12417 Hidden Brook Drive

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33624

Enter new mailing address, if applicable:

12417 Hidden Brook Drive

(Mailing address MAY BE A POST OFFICE BOX)

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

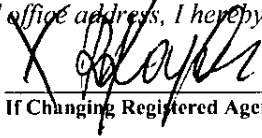
City

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.


If Changing Registered Agent, Signature of New Registered Agent

STATE OF FLORIDA
14 JUL 30 9:51 AM '14
TAMPA, FLORIDA

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	Timber Benning	5314 Julia Lane	<input checked="" type="checkbox"/> Add
		Land O Lakes Fl 34638	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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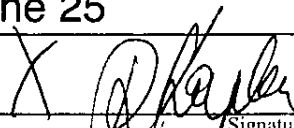
14 JUN 30 AM 11:51
 TALLAHASSEE FLORIDA
 FILE

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: _____ (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

Page 3 of 3
Filing Fee: \$25.00

14 JUN 30 AM 2:51
TALLAHASSEE, FLORIDA