

L 14 0000 57420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260567283

05/27/14--01038--011 **30.00

RECEIVED
14 MAY 27 AM 9:33
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

eff
6/1/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rainka Schott, 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:

Shannon B. Schott

Name of Person

Plata Schott Rainka, LLC

Firm/Company

1416 San Mateo Ave

Address

Jacksonville, FL 32207

City/State and Zip Code

shannonbschott@gmail.com

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

For further information concerning this matter, please call:

Shannon Brooke Schott

Name of Person

at **(904) 5459402**

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**

Rainka Schott, 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 April 1, 2014 and assigned Florida document number L14000057420.

This amendment is submitted to amend the following:

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

Plata Schott Rainka, 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)

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

RECEIVED
14 MAY 27 5M 08 PM '14
TALLAHASSEE, FLORIDA

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	Belkis Plata	6474 Blue Leaf Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, FL	<input type="checkbox"/> Remove
		32244	
MGR	Michael Rainka	1411e San mated Ave	<input type="checkbox"/> Add
		Jacksonville, FL	<input checked="" type="checkbox"/> Remove
		32207	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 MAY 27 2011
 11:00 AM
 TALLAHASSEE, FLORIDA

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

Principal Purpose: Law Firm

Four horizontal lines for additional information.

E. Effective date, if other than the date of filing: June 1, 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 May 20, 2014

Handwritten signature of Shannon Brooke Schott

Signature of a member or authorized representative of a member

Shannon Brooke Schott

Typed or printed name of signee

Vertical stamp: 16 MAY 27 AM 9:33, STATE OF FLORIDA, TALLAHASSEE, FLORIDA