

L14 0000 70923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

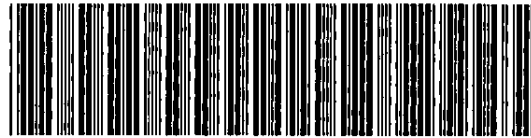
(Business Entity Name)

(Document Number)

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17 JUN 26 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rita Krauss Fine Art Fla 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:

Katie Benjamin

\_\_\_\_\_  
Name of Person

Simses & Associates, PA

\_\_\_\_\_  
Firm/Company

251 Royal Palm Way, Suite 400

\_\_\_\_\_  
Address

Palm Beach, FL 33480

\_\_\_\_\_  
City/State and Zip Code

kbenjamin@simseslaw.com

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

For further information concerning this matter, please call:

Katie Benjamin

561 835-1313

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Herbert Krauss	100 Sunrise Avenue #615	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Dan Krauss	4 Nursery Lane	<input checked="" type="checkbox"/> Add
		Westport, CT 06880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Jasm Krauss	92 Goodhill Road	<input checked="" type="checkbox"/> Add
		Weston, CT 06883	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

17 JUN 26 AM 7:  
SECURITY OF ST  
MILWAUKEE, WIS.  
FLO

17 JUN 26 AM 7:12  
SECRETARY OF STATE  
WASHINGTON, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 20 2017

*Rita N. Haus*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rita Krauss

Typed or printed name of signee