

L14000112279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

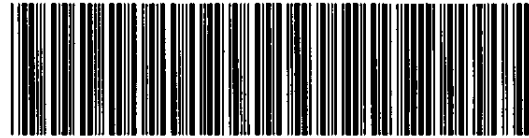
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

2014 AUG -4 PM 12:28

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AUG 05 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KAPRE, 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:

ANGIE DILLON

Name of Person

OTA TAX PROS

Firm/Company

17780 FITCH, SUITE 170

Address

IRVINE, CA 92614

City/State and Zip Code

johnprevite@gmail.com

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

For further information concerning this matter, please call:

JOHN PREVITE

Name of Person

at **(863) 644-2836**

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL 32301

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**

KAPRE, 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 JULY 16, 2014 and assigned Florida document number L14000112279.

This amendment is submitted to amend the following:

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

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:

6333 FERN LANE

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FL 33813

Enter new mailing address, if applicable:

6333 FERN LANE

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND, FL 33813

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:

JOHN R PREVITE

New Registered Office Address:

6333 FERN LANE

Enter Florida street address

LAKELAND

City

Florida 33813

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

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HARRIS, TEXAS

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
STATE OF MONTANA

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

There is a misspelling in one of the words in the addresses listed for members, JOHN R PREVITE
and KATHLEEN F PREVITE. Please correct the spelling of the word "LAKE" to
"LANE," so their addresses read: 6333 FERN LANE, LAKELAND, FL 33813.

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 JULY 21, 2014

x



JOHN R PREVITE

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TREASURER
FLORIDA