

# L14000140847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 28 2014

ORUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIK&COM SOUTHEAST 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:

KELLY P HOTE  
Name of Person

RIK&COM SOUTHEAST LLC  
Firm/Company

100 S ASHLEY SUITE 600  
Address

TAMPA, FL 33602  
City/State and Zip Code

RTCK@RIK&COM.SS  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY P HOTE at ( 352 ) 302-9601  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RTK&COM SOUTHEAST 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 09/09/2014 and assigned Florida document number L14000140847

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:

(Principal office address MUST BE A STREET ADDRESS)

RTK&COM SOUTHEAST LLC  
100 S. ASHLEY DR SUITE 600  
TAMPA, FL, 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RTK&COM SOUTHEAST LLC  
100 S. ASHLEY DR. SUITE 600  
TAMPA, FL 33602

**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:

KELLY P. HOTZ

New Registered Office Address:

100 S. ASHLEY DR SUITE 600  
Enter Florida street address  
TAMPA, Florida 33602  
City 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, 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

Title	Name	Address	Type of Action
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<u>PRES</u>	<u><del>DEBORAH</del> KELLY P. HOTE</u>	<u>RIKECOM SOUTHEAST LLC</u> <u>100 S ASHLEY DR. SUITE</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>SEC</u>	<u>TIM WILLIAMS</u>	<u>RIKECOM SOUTHEAST LLC</u> <u>100 S ASHLEY DR SUITE 600</u> <u>TAMPA, FL 33602</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MEMBER</u>	<u>ELLIE N HARRISON</u>	<u>RIKECOM SOUTHEAST LLC</u> <u>100 S ASHLEY DR. SUITE 600</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>MEMBER</u>	<u>JAMES L CHAPPEL</u>	<u>RIKECOM SOUTHEAST LLC</u> <u>100 S ASHLEY DR. SUITE 600</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>MEMBER</u>	<u>RICHARD R HAMILTON</u>	<u>RIKECOM SOUTHEAST LLC</u> <u>100 S ASHLEY SUITE 600</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 10/28/2014, \_\_\_\_\_.

Kelly P. Hotz  
Signature of a member or authorized representative of a member  
Kelly P. Hotz  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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