

L150000 37839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

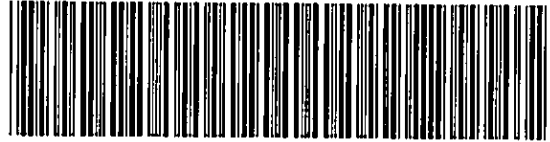
(Business Entity Name)

(Document Number)

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JAN 12 2015

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: CKWITTS VENTURES, 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:

John K. Carter, Esq.

Name of Person

Carter Reymann Law, P.A.

Firm/Company

9500 Koger Blvd., Suite 112

Address

St. Petersburg, FL 33702

City/State and Zip Code

john@crtlalaw.com

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

For further information concerning this matter, please call:

John Carter

727

456-8970

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CKWITTS VENTURES, 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 03/02/2015 and assigned
Florida document number 115000037839

This amendment is submitted to amend the following:

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

N A

The new name must be distinguishable and contain 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)

8710 9th St. N.

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8710 9th St. N.

St. Petersburg, FL 33702

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:

KRISTIN MCKINNEY

New Registered Office Address:

8710 9th St. N.

Enter Florida street address

St. Petersburg

Florida 33702

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.


If Changing Registered Agent, Signature of New Registered Agent

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 | Christopher C. Witts | 4585 140th Ave. N. #1001 | <input type="checkbox"/> Add |
| | | Clearwater, FL 33762 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kristin McKinney | 8710 9th St. N. | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33702 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | ¹⁹ <input type="checkbox"/> Add |
| | | | ^{11/11/11} <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E-Mail for new registered agent:

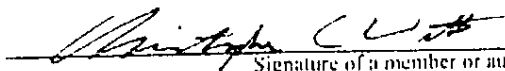
Kristina@ProKitchenHubTampa.com

Kristin@ProKitchenHubTampa.com

E. Effective date, if other than the date of filing: Same 12/31/18 (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 12/31/18 (December 31, 2018)



Signature of a member or authorized representative of a member

Christopher C. Witts

Typed or printed name of signee