

L15000098866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

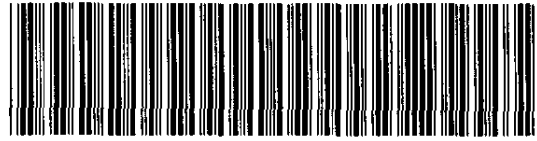
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RECEIVED  
15 AUG -3 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/17/15--01001--008 \*\*25.00

FILED  
2015 AUG 13 P 4: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 14 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2015

KILEY REYNOLDS  
8200 SW 117TH AVENUE, SUITE 312  
MIAMI, FL 33183

SUBJECT: LRK VENTURE, LLC  
Ref. Number: L15000098866

We have received your document for LRK VENTURE, LLC and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

There is a fee of \$25.00 due.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 815A00016336

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LRK Venture, 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:

Kiley Reynolds

Name of Person

LRK Venture, LLC

Firm/Company

8200 SW 117th Avenue, Suite 312

Address

Miami, FL 33183

City/State and Zip Code

kileyreynolds@hotmail.com

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

For further information concerning this matter, please call:

Kiley Reynolds

305 5957246

Name of Person

at ( )

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**

LRK Venture, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 AUG 13 4: 22  
FILED

The Articles of Organization for this Limited Liability Company were filed on 6/5/2015 and assigned  
Florida document number L15000098866

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Tania Ruiz Jorge

New Registered Office Address:

13954 SW 25th Terrace

*Enter Florida street address*

Miami


*City*

Florida 33175

*Zip Code*

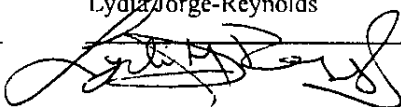
**New Registered Agent's Signature, if changing Registered Agent:**

*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>
MEMB	Lydia Lorge-Reynolds 	8200 SW 117th Avenue, Suite 312	<input type="checkbox"/> Add
		Miami FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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