

L15000102943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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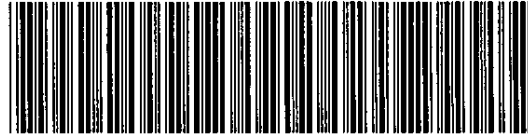
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 30 2015
BRUC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GKT Family Venture, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Titze

Name of Person

GKT Family Venture, LLC

Firm/Company

5739 Tamarack Dr.

Address

Pace, FL 32571

City/State and Zip Code

kristietitze@yahoo.com

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

For further information concerning this matter, please call:

Kristie Titze

850

251-3299

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

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TALLAHASSEE, FLORIDA

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: GKT Family Venture, LLC

SECOND: The Florida Document number of the limited liability company is: L15000102943

THIRD: Document to be corrected is:
Articles of Incorporation

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV name of person(s) authorized to manage LLC:

Incorrect name was entered Gary R Tomey III

Name should be Gary R Tomey II

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Kristi Tuttle
Signature of Authorized Representative

6/24/2015
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**