

L16000124877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

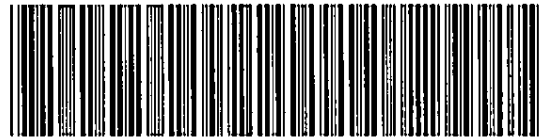
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 18 AM 11:49
TALLAHASSEE, FLORIDA

AUG 21 2017

YOUNGER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RK2 Property 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:

Ryan Hart

Name of Person

Firm/Company

273 Tropic Drive

Address

Lauderdale by the Sea, FL 33308

City/State and Zip Code

hart.ryanw@gmail.com

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

For further information concerning this matter, please call:

Ryan Hart 954 540-4461
 _____ 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

RK2 Property LLC

The Articles of Organization for this Limited Liability Company were filed on June 29, 2016 and assigned
Florida document number 116000124877.

RK2 Properties LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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.

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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 ALABAMA ASSOCIATED LICENSES

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

EIN 82-2496710

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/18/2018 BY 60322 UCBAW

E. Effective date, if other than the date of filing: _____ (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 August 16, 2017

Ryan Hunt
Signature of a member or authorizing agent

Signature of a member or authorized representative of a member

Ryan Hart

Typed or printed name of signee