

LI60009517

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DUSS, KENNEY, SAFER, HAMPTON & MOOS, P.A.
Account Number : F20090000089
Phone : (904) 543-4300
Fax Number : (904) 543-4301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: esafere@xfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THKK LLC

Certificate of Status	0
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Page Count	03
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2018 APR 24 AM 9:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **THKK 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:

Eliot J. Safer

Name of Person

Duss Kenney Safer Hampton & Joos, PA

Firm/Company

4348 Southpoint Blvd., #101

Address

Jacksonville, FL 32216

City/State and Zip Code

esafer@jaxfirm.com

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

For further information concerning this matter, please call:

Eliot J. Safer

Name of Person

at **904** **543-4300**

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 (9/15)

(H18000128363 3)

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2018 APR 24 A 11:05
TALLAHASSEE, FLORIDA

(H18000128363.3)

**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: THKK LLC

SECOND: The Florida Document number of the limited liability company is: L18000095517

THIRD: Document to be corrected is: Articles of Organization

(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:

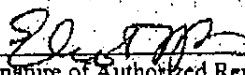
Article IV - Darlene Kaplan (incorrect spelling of Darlene) - correct spelling is
Darleen

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.


Signature of Authorized Representative

4/24/18
Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

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

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