

L18000157872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

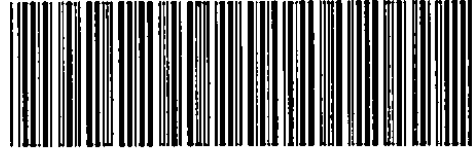
(Business Entity Name)

(Document Number)

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2021 JAN 11 PM 3:35

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TO: Registration Section  
Division of Corporations

SUBJECT: CHERPAK, 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:

RICHARD BALLENTINE

Name of Person

Firm/Company

14884 TAMAMI TRL

Address

NORTH PORT, FL 34287

City/State and Zip Code

northportdental@gmail.com

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

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For further information concerning this matter, please call:

RICHARD BALLENTINE

941 426-8289

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
**ARTICLES OF ORGANIZATION**  
OF

CHERPAK, 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 06/27/2018

Florida document number L18000157872

This amendment is submitted to amend the following:

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

R & R BALLENTINE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia

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 agent and/or the new registered office address here:**

Name of New Registered Agent:

RICHARD BALLENTINE

New Registered Office Address:

14884 TAMiami TrL

*Enter Florida street address*

NORTH PORT

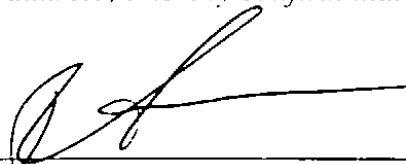
*City*

Florida 34287

*Zip*

**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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.*



**If Changing Registered Agent, Signature of New Registered Agent**



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(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

Dated January 7<sup>th</sup> 2021.

Typed or printed name of signee