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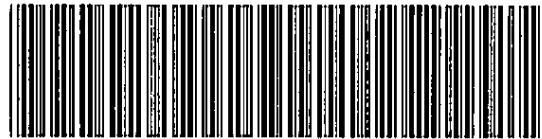
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY

DEC - 4 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRRK NVESTMENTS, 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:

RAYMOND G M .KOTTLER

Name of Person

PRRK NVESTMENTS, LLC

Firm/Company

16465 NE 22ND AVENUE, UNIT 220

Address

NORTH MAMIBeach, FL 33160

City/State and Zip Code

RAYKOTTLER@GMAIL.COM

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

For further information concerning this matter, please call:

RAYMOND G M .KOTTLER

571 241-3734
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRRK NVESTMENTS, LLC

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

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/20/2018 and assigned
Florida document number L18000198880.

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:

16465 NE 22ND AVENUE, UNIT 220

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

16465 NE 22ND AVENUE, UNIT 220

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33160

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:

RAYMOND G M. KOTTLER

New Registered Office Address:

16465 NE 22ND AVENUE, UNIT 220

Enter Florida street address

NORTH MIAMI BEACH

Florida 33160

City

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.


Raymond G. M. Kotler
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

Title	Name	Address	Type of Action
OWNER/MGR	RAYMOND G M .KOTTLER	16465 NE 22ND AVENUE, UNIT 220 NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Add
		(NORTH MIAMI BEACH FL 33160)	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULO A. RUBIO PAULO A. RUBIO	425 NE 22ND STREET MIAMI, FL 33137	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	PAULO A. RUBIO PAULO A. RUBIO	16465 NE 22ND AVENUE, UNIT 220 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Add
		(NORTH MIAMI BEACH FL 33160)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 NOVEMBER 16, 2018

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

RAYMOND G M . KOTTLER

Typed or printed name of signee