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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	CKLK Empire LLC					
NUBJECT.		Name of Lim	ited Liability Company			
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Christopher Prentice				
	Name of Person					
		CKLK Empire				
Firm/Company						
		3959 Van Dyke Rd, Ste 235				
	Address					
		Lutz, FL 33558				
3959 Van Dyke Rd, Ste 235 Address						
		· · ·				
		E-mail address; (to be used for future annual report notif	ication)		
For further in	nformation c	oncerning this matter, please co	all:			
Christopher	Prentice		727 4538318			
·	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25,00 F	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)		

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CKLK Empire LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number L19000114122	were filed on April 26,2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil \mathcal{N}/\mathcal{A}	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	of the new registere
Name of New Registered Agent:	N/A	·
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
 	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Prentice	3959 Van Dyke, Ste 235	
		Lutz, FL 33558	■Remove
			□Change
AMBR	Kristen Prentice	3959 Van Dyke, Ste 235	
		Lutz, FL 33558	≅ Remove
MGR			Change
	Scatto LLC	1718 Capitol Avenue	≅Add
		Cheyenne, WY 82001	□ Remove
			□ Change
			
			□Remove
			Change .
	<u> </u>		□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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Note: If the	ate, if other than the date of filing:	.0207 ed as
e record spe d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
June Dated	7 2024	
June Dated	Christopher Frentice	
Dated		

Filing Fee: \$25.00