



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CKLK Empire 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:

Christopher Prentice

\_\_\_\_\_  
Name of Person

CKLK Empire

\_\_\_\_\_  
Firm/Company

3959 Van Dyke Rd, Ste 235

\_\_\_\_\_  
Address

Lutz, FL 33558

\_\_\_\_\_  
City/State and Zip Code

cklkempire@outlook.com

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

For further information concerning this matter, please call:

Christopher Prentice

727 4538318  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher Prentice	3959 Van Dyke, Ste 235	<input type="checkbox"/> Add
		Lutz, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kristen Prentice	3959 Van Dyke, Ste 235	<input type="checkbox"/> Add
		Lutz, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scatto LLC	1718 Capitol Avenue	<input checked="" type="checkbox"/> Add
		Cheyenne, WY 82001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated June 7 2024

Christopher Prentice  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Christopher Prentice

Typed or printed name of signee

**Filing Fee: \$25.00**