

L20 000 202 309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

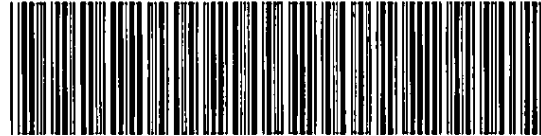
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700351597827

RECEIVED

SEP 08 2020

09/09/20--01015--028 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 SEP -8 PM 3:20

FILED

45  
10/18/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KE Urah Ventures 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:

LEXIE RIVERS

Name of Person

PRIME CORPORATE SERVICES

Firm/Company

12226 S 1000 E STE #3

Address

DRAPER, UT 84020

City/State and Zip Code

llesupport@primecorporateservices.com

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

FILED  
2020 SEP -8 PM 3:20  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LEXIE RIVERS

855

577-4639

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



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>
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<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

2020 SEP - 9 PM 5:20  
TALLAHASSEE, FLORIDA

2008 SEP - 8 PM 3: 20  
AFF  
TALLAHASSEE, FLORIDA

2010 SEP -8 PM 3:20  
TALLAHASSEE, FLORIDA

**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 12<sup>th</sup> . 20

Signature of a member or authorized representative of a member

Keturah Renee Young

Typed or printed name of signee