

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
(50	Silvess Emily Har	,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	



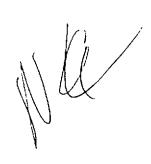


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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	C & K R	Pal Estate ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Deb	ra S Gutte Name of Person	la.RO
	316	Firm Company Sullstream	Blvd
	Delrac	Sull Stream Address J Blach, Flor City/State and Zip Code il & Signa twe 1 o be used for future annual report notifi	eida Plocida com
For further information of	E-mail address: (t		cation)
Debbie G	atklaro of Person		4-2936 Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed)
Mailing Addre	885: G	Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

C&K Rea	1 Estate	LLC
(Name of the Limited Liabili (A Florid	ity Company as it now appears of a Limited Liab(lity Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>New L2/00</u>	Company were filed on/ 	$\frac{25}{2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	san Gutter	laro LLC
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	51 FT:
		÷)
		<u> </u>
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		5.
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
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 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
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□ Remove
			□ Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	Jan. 25 2021
	Oebra S Hattelaw Signature of a member or authorized representative of a member
	Debra S Gattelaro

Filing Fee: \$25.00



Debra "Debbie" Gattelaro <debbie@signatureflorida.com>

Sunbiz.org Payment Receipt

1 message

donotreply@sunbiz.org <donotreply@sunbiz.org>
To: debbie@signatureflorida.com

Mon, Jan 25, 2021 at 1:30 PM

Thank you for submitting your payment to Florida Department of State, Division of Corporations. This email will serve as confirmation that your payment was received by our office.

Your filing will be posted on our website http://www.sunbiz.org/in the order received.

The transaction information is listed below:

Receipt Number: 3797451963

Transaction Date/Time: 01/25/2021 01:30 PM Card Number: XXXX XXXX XXXX XXXX 3513

Card Type: MC
Approval Code: 832782
Payment Amount: \$125.00

Tracking Number: 900358833559

Document Number: NEW