

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Special Instructions to Filing Officer:
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Office Use Only



4/25/23 DEPOSITS/PAYMENTS DETAIL SCREEN 5.50 / M.
DEPOSIT NUMBER : 02/23/23 60634 003 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 121.56
DEPOSIT BALANCE: 0.00

DEBIT MEMO DATE: VOID DATE :

DOCUMENT NUMBER: L23000094956 TRACKING NUMBER: 800403159498

REQUESTOR : CORAFLAL LEDGER DATE : 02/23/23

SUB ACCT NUMBER:

CATEGORY DESCRIPTION
CF ALL CORP FILING FEES AMOUNT 121.56

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM 7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

Good afternoon Arcedra,

Please find attached the forms to Amend the Articles Of a Florida Limited Liability Company. Arcedra last week when we went to open the Bank Account, we realized that our company had and additional "L" at the end for the LLLC. portion instead of LLC. We were told at the bank that because our EIN No. with the IRS was under 3FK HOLDINGS, LLC. And in Sunbiz it was written 3FK HOLDINGS, LLC. With an extra L. The Bank won't open the Bank Account until the correction is done by Sunbiz.

This is a filling error that should have been rejected. However, it went through the process. Please see forms attached and advise?

If you need any additional information, please do not hesitate in contacting me. Thank you for your assistance in this matter.

Best Regards,

Frederic Kuske frederickuske@yahoo.com

Cell: 786 -792 - 0163

arcedra.johnson@dos.myflorida.com

23 APR 25 AM 12: 44 SECRETARY OF STATE TALLAHASSEE, TUBBLE

COVER LETTER

TO: Registration Se Division of Cor		
3 F	L HCLDINGS LLLC	
SUBJECT:	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:	
rease return an correspo	indence concerning has made to the torowing.	
	RUSKE, Frederic R	
	Name of Person	
	Eirm Company	
	Address	
	City State and Zip Code Fix G Crick US K G Yahaca. C E-mail address: (to be used for fature annual report nonfication) oncerning this matter, please call: $G = \frac{1786}{\text{Yea Code}} \frac{792 - 010}{\text{Daytime Telephone Nonfice Code}}$	- 23 M
For further information co	oncerning this matter, please call;	PR 25 FLAN HAS
Pame of	C at (786) $(797 - 010)$ Therson Area Code Daytime Telephone No.	APR 25 AH 12: CRETAKET OF THE LAHASSEE. TO maker
Enclosed is a check for th		·
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Cert radditional copy is enclosed) Cert	00 Filing Fee, ificate of Status & (fied Copy uonal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{62/22/}{456}$. Florida document number $\frac{43000094956}{6}$.	2629 and assigned
Florida document number L 230000 94956.	
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 "E.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Fo 2
B. If amending the registered agent and/or registered office address on our records, enter the	
agent and/or the new registered office address here:	SSE SSE
Name of New Registered Agent:	AH TEN TO
	<u>0</u>
New Registered Office Address: Enter Florada succeaddress	<u> </u>
Later Franklich and Constantion	
, Florid	·· —
Cin	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Adđ
			□Rcmove
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ective (Feffectiv	date, if other than the date of filing:(we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	(optionai) s after filing.) l	Pursuain to 🎉	.020
<u>te:</u> Tí d	he date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.	s, this date w	all not be total	d a
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cord six	secrifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	où tha The	90th day after	· 115
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red	9p,1/(RR), 2023			
	riginature of a member or authorized representative of a member			
	Freeleric Kunke			

Filing Fee: \$25.00