

18000000977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR -9 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Check Five LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristie Alden

Name of Person

Check Five LLC

Firm/Company

1926 10th Ave North Suite 410

Address

Lake Worth, FL 33461

City/State and Zip Code

cristie@successtms.com

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

For further information concerning this matter, please call:

Cristie Alden

Name of Person

at 954 729-0563

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Check Five LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: W18000004894
M18000000977

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 29, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity Name Address Type of Action

Mbr Winco Ventures 1926 10th Ave North ☒ Add

Lake Worth, FL 33461 ☐ Remove

Mbr For Mootchie Inc 35A Smithfield Blvd # ☒ Add

Plattsburgh, NY 12901 ☐ Remove

☐ Add

☐ Remove

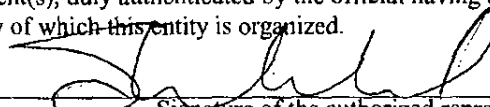
☐ Add

☐ Remove

☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Stephen Caddick

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "CHECK FIVE LLC", FILED
IN THIS OFFICE ON THE THIRD DAY OF APRIL, A.D. 2018, AT 1:36
O'CLOCK P.M.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6647077 8100
SR# 20182393392

Authentication: 202455510
Date: 04-05-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:36 PM 04/03/2018
FILED 01:36 PM 04/03/2018
SR 20182393392 - File Number 6647077

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Check Five LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows: **adding article 3**

Certificate of Formation is hereby amended to include owners: Dirae Holdings LLC, Troisbey LLC, Starman Holdings LLC, Winco Ventures Inc., For Mootchie Inc.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 26th day of March, A.D. 2018

By: 

Authorized Person(s)

Name: Stephen Caddick

Print or Type

18 APR -9 PM 12:35
SECRETARY OF STATE
ALL INFORMATION
FILED