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(I	Requestor's Name)	
	Address)	
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(0	City/State/Zip/Phone i	#)
PICK-UP		MAIL
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(i	Business Entity Name	e)
1)	Document Number)	
Certified Copies	Certificates o	of Statue
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Special Instructions t	to Fling Officer:	
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EXAMINER		

Office Use Only



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***** **09/04/08--010**10--020 **30.00

2000 SEP - L P U: OC SECRITARY OF STATE ALLAHASSEE, FLORID

COVER LETTER

Division of Corp				
SUBJECT:	LASSIC KITCI (Name of Lim	HENS 1912, LLC ited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	STEVE	(Name of Person)		
		(Name of Ferson)		
	CLASSIC	(Firm/Company)	,LLC	
		(Firm/Company)		
	1615	SUE ST.	₹ 0 ≅	
		SUE ST. (Address)		
		(City/State and Zip Code)		
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	call:	D # 00	
STEVEN.	L. MARTIN	at (321) 636-5. (Area Code & Daytime T	359	
(Name o	f Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for th	e following amount:			
□ \$25.00 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 enc	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears	on our records.)	
(A rionua	Limited Liability Company)		
The Articles of Organization for this Limited Liability (Company were filed on <i>_0£</i>	CEMBER 1, 200	and assigned
Florida document number L 0 3 0000506.	<u>3,</u> 2_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:	:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company	y," the designation "LL	C" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		~
		Co	E
Enter new mailing address, if applicable:		0.2 0.2 0.3 0.3	
(Mailing address MAY BE A POST OFFICE BOX)		11	U
		(C) (T)	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the	
•			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	(Enter Florida street address)		ess)
		, 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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ANAGING HE <u>MBER</u>	STEVEN L. MARTIN	1615 SUE ST. COCOA, FL 33922	Add Remove
ANACING M <u>EMBER</u>	JOANIV MARTIN	1082 BASQUE DR. BOCKLEDGE, FL 32955	Add Remove
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	···-
			- .
			<u> </u>
Dated	SEPTEMBER 2. 30	Muston	
	Signature of a Member of STEVEN Typed of	or authorized representative of a member L. MARTIN or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00