05000062738

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only |



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: KKAND CC DESIGNERS AND CONSTRUCTION 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:

KEITH A. KELLER (Name of Person) KLASSIC DESIGNERS AND CONSTRUCTION LLC. (Firm/Company) OT FEB IL AMII: 4 1200 ACADEMY Drive (Address) AltAmonte Springs [] 32714 (City/State and Zip Code)

For further information concerning this matter, please call:

CO. nne Keller at (321) 277-8499 (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

| - · ARTICLES OF AMENDMENT |
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| ARTICLES OF ORGANIZATION |
| OF |
| |
| KKAND CC DESIGNERS AND CONSTRUCTION, LLC (Present Name) |
| (Present Name) (A Florida Limited Liability Company) |
| (Arrivina Ennice Enony Company) |
| |
| |
| FIRST: The Articles of Organization were filed on JUNE 24, 2005 and assigned |
| document number <u>LOSO0062738</u> . |
| SECOND: This amendment is submitted to amend the following: |
| |
| Name Change From: |
| KK AND CC DESIGNERS AND CONSTRUCTION, LLC. |
| |
| To: |
| |
| KLASSIC DESIGNERS AND CONSTRUCTION, LLC. |
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| HI: 49 |
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| Dated <u>FEB 12</u> , <u>2007</u> . |
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| λ l_{-} |
| Hoanne Kein |
| Signature of a member or authorized representative of a member |
| Joanne Keller |
| Typed or printed name of signee |
| |

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Filing Fee: \$25.00