## LD6000020537

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**EXAMINER** 



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SECRETARY OF STATE ORIVISION OF CORPORATION

## **COVER LETTER**

Division of Co.	rporations					
SUBJECT:	KSchv	valbe Interiors				
Seboret.		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		Kimberly Schwalbe				
		Name of Person				
	KSchwalbe Interiors					
		Firm/Company				
	358 Brantley Club Place					
		Address				
	ı	ongwood FL 32779				
	City/State and Zip Code					
	kschwalbeinteriors@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please of	eall:				
Kimb	perly Schwalbe	at ( 407 )	620 6499			
Name o	of Person	Area Code & Daytime	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 (additional copy is enclosed)			

MAILING ADDRESS:

TO:

**Registration Section** 

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**

KSchwalbe	e Interiors	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I		_
The Articles of Organization for this Limited Liability Company	were filed on 2.24.	and assigned
Florida document number 66 0000 2053	32	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KSInte	riors	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		0 550
	-	문
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	***	
		<u> </u>
		<b>30</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
	_	
Name of New Registered Agent:		J.,
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	
	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	
			Add	
			Remove	
			Add Remove	
	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Add Remove	
	<del> </del>		Add	
			Add Remove	
			Add Remove	
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)		
_				
<del></del>				
Dated	December 29	, 2009		
	Signature	of a member or authorized representative of a member		
		Kimberly Schwalbe Typed or printed name of signee		
		- > Practice marine or publica		

Page 2 of 2

Filing Fee: \$25.00

, ;