

206000029573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

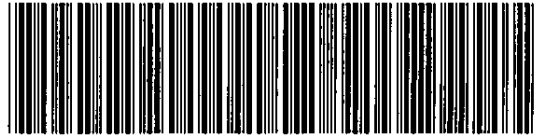
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200159264372

08/07/09--01018--005 \*\*60.00

FILED  
09 AUG -7 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. HAWKES**

AUG 10 2009

**EXAMINER**

**KOGEN CONSTRUCTION "LLC"**  
**6775 NEWPORT LAKE CIRCLE**  
**BOCA RATON, FLORIDA 33496**  
**hkogen@comcast.net**  
**847-436-9967**

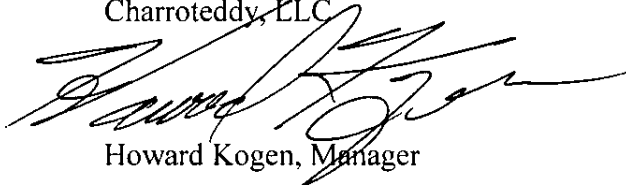
8/4/09

Florida Department of State

To whom it may concern:

Enclosed change of name forms, I may be reached at 847-436-9967

Thank You  
Charroteddy, LLC

A handwritten signature in black ink, appearing to read "Howard Kogen", written over the printed name.

Howard Kogen, Manager

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHAROTEDDY, LIMITED LIABILITY COMPANY**  
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:

HOWARD KOGEN

Name of Person

KOGEN CONSTRUCTION "LLC"

Firm/Company

6775 NEWPORT LAKE CIRCLE

Address

BOCA RATON FLORIDA 33496

City/State and Zip Code

hkogen@comcast.net

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

For further information concerning this matter, please call:

HOWARD KOGEN

Name of Person

at ( 847 )

436 9967

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  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CHAROTEDDY, LIMITED LIABILITY COMPANY**

(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 MARCH 20, 2006 and signed

Florida document number L06000029573

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KOGEN CONSTRUCTION, "LLC"

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

KOGEN CONSTRUCTION, "LLC"

6775 NEWPORT LAKE CIRCLE

BOCA RATON, FLORIDA 33496

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

KOGEN CONSTRUCTION, "LLC"

6775 NEWPORT LAKE CIRCLE

BOCA RATON, FLORIDA 33496

**B. If amending the registered agent and/or registered office 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 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

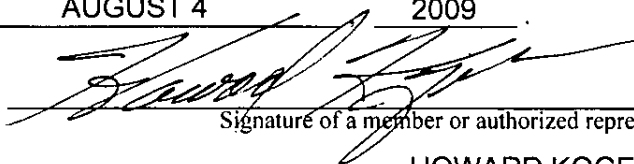
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
AUG - 7 PM 4:33  
SECRETARY OF STATE  
TREASURY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 4 2009



Signature of a member or authorized representative of a member

HOWARD KOGEN

Typed or printed name of signee