

LO7000006233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

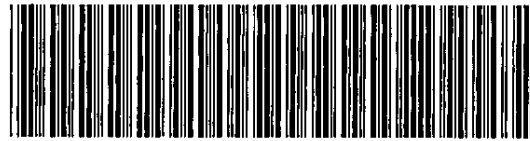
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KITCHEN REHAB, 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:

JOHN F. STORMANT, JR.

(Name of Person)

KITCHEN REHAB, LLC

(Firm/Company)

1125 4TH CIRCLE

(Address)

SOUTHPORT, FL 32409

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at (850) 785-4412
(Area Code & Daytime Telephone Number)

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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**

KITCHEN REHAB, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 01/17/2007 and assigned document number L07000006233.

SECOND: This amendment is submitted to amend the following:

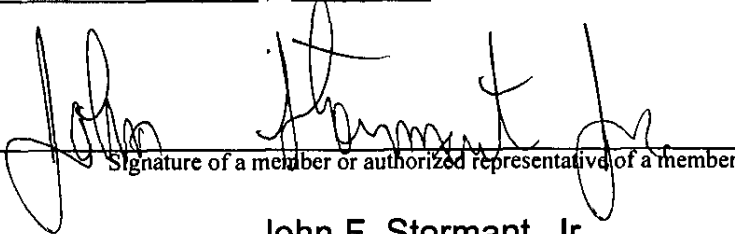
ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each
Manager or Managing Member is as follows: Title: MGRM Name and Address
John F. Stormant, Jr., 1125 4th Circle, Southport, Fl 32409.

This Article should be effective immediately.

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TALLAHASSEE FLORIDA

FILED

Dated January 24, 2007


Signature of a member or authorized representative of a member

John F. Stormant, Jr.

Typed or printed name of signee

Filing Fee: \$25.00