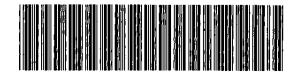
\*

فأيله

## L0700049939

(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



200115755922

01/24/08--01035--014 \*\*75.00

08 JAN 24 PH 12: 07
SECRETARY OF STATE
TALL AHASSEE FLORIDA

1125/08

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	CT: KATIE	'S DEN, LLC			
		(Name of Lin	mited Liability Company)		
The end	closed Articles o	t' Amendment and fee(s) are su	abmitted for filing.		
Please (	retum all corresp	ondence concerning this matte	er to the following:		
		LEA NICHOLS	A.L. SD.	·	
			(Name of Person)		
			(Firm/Company)	<del></del>	
		1687 S.W RUIZ T	FRRACE		
		(Address)			
		PORT ST. LUCIE	. FL 34953		
			(City/State and Zip Code)		
For furt	ther information	concerning this matter, please	call;		
LEA	NICHOLS	3	at ( 772 ) 359-1646		
		of Person)	(Area Code & Daytim	e Telephone Number)	
Enclosed	d is a check for the	following amount:			
<b>▼ \$25.</b> 0	00 Filing fee	530.00 filing Pec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	_	LING ADDRESS:	STREET/COURIE Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 JAN 24 PM 12: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA

	KATIE'S DEN, LLC
	(Present Name) (A Florida Limited Liability Company)
RST:	The Articles of Organization were filed on document number L07000049939 and assigned
COND:	This amendment is submitted to amend the following:
	ADD MANAGING MEMBER: DENNIS C. NICHOLS
	1687 S.W RUIZ TERRACE
	PORT ST. LUCIE, FL 34953
	7 011 01. 20012, 12 0 1000
ted	1/15 08
<del></del>	
	La Ochola
	Signature of a member or authorized representative of a member
	LEA NICHOLS
	Typod or printed name of signee

Filing Fee: \$25.00