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T. CLINE

FEB 19 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kikis Piccollinos (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:
Richard Lo Gelfo (Name of Person)  ANR Specialty Products (Firm/Company)  8107 Viale Matera (Address)  Lake Worth, FL 33467 (City/State and Zip Code)
Richard Logelfo at (454) 224-4910 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (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

ANR Specialt	Products LLC iability Company as it now appears on of forida Limited Liability Company)			
(Name of the Limited 1 (A F	larida Limited Liability Company)	ur recorus.)		
The Articles of Organization for this Limited Lia		3-07	and assign	ned
Florida document number <u>L 07 0000 5 4</u>	<u>737</u> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t				
Kikis Piccollinos L	LC		(G. J. Chr. al., 11)	<del></del>
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	ne designation	"LLC" or the abb	reviation
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our re	ecords, enter		ihe new
registered agent and/or the new registered on	ee address nere.		AHA AHA	demana membre E E
			IRY SSET	Spanie 2
Name of New Registered Agent:	Cristina Toscan	o LoG	- <u>e1sto=</u>	
New Registered Office Address:	Cristina Toscano 8107 Viale Mat (Enter F	era	9,5	Pdu <sup>28</sup>
			**	
	Lake Worth (City)	, Florida _	33467	
	(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)

Page 1 of 2

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

**Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> ANITA PERL MGR Remove ☐ Add Remove MGR CRISTINA LOGATE  $\Box$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2-11-08 Dated Signature of a member or authorized representative of a member Richako P. LoGEIFO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00