208000000171

(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:		
A. LUNT		
MAR 1 2 2008		
EXAMINER		



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03/06/08--01032--002 **60.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
Bir de Charle Charles regules que
SUBJECT: 1 July (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:
Brian Grund
(Name of Person)
Palm Coast Kitchens
(Firm/Company)
3 Industry Dr. #3
(Address)
Pala Coast, FL 32137 Eg =
(City/State and Zip Code)
For further information concerning this matter, please call:
Jean Grund 386 437-1755 = 0
(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 Certificate of Status (additional copy is enclosed) 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

Brian Grund (Name of the Limited	abinet Sales + Ins Liability Company as it now appears on our Florida Limited Liability Company)	tallation, LLC
The Articles of Organization for this Limited Li Florida document number <u>LD80000</u>	iability Company were filed on <u>Janua</u> 00171	ury 1, 2008 and assigned
This amendment is submitted to amend the folk	owing:	
A. If amending name, enter the new name of	Kitchens, LLC	
The new name must be distinguishable and end wit 'L.L.C."		2000 SECR
B. If amending the registered agent and/oregistered agent and/or the new registered of		ords, renter the name of the new
Name of New Registered Agent:		OF STA
New Registered Office Address:	3 Industry Dr.	rida street address)
	Pala Coast	, Florida <u>32137</u> (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 Title **Name Address Type of Action** MBRM Jean K. Grund Add Remove Add Remove Add Remove Add Remove \triangleright Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representati Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00