# L08000042423

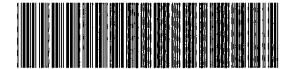
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

**EXAMINER** 

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SECRETARY OF STATE
ALL AHA SEFF, FLORIDA

# **COVER LETTER**

Division of Corporations
SUBJECT: Michael Kris Wall Construction "U.C."  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:
Michael Kris Wall Name of Person
Michael Kris Wall Construction "LLC." Firm/Company
4174 Climbing Aster Ct. Address
St. Cloud, Fl. 34772 City/State and Zip Code
Kris Wall Construction e value, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Kris Wall at (407) 957-7916  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fec \$30.00 Filing Fec \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 Tallahassec, FL 32301



June 1, 2011

MICHAEL KRIS WALL 4174 CLIMBING ASTER CT ST CLOUD, FL 34772

SUBJECT: KRIS WALL CONSTRUCTION, LLC

Ref. Number: L08000042423

We have received your document for KRIS WALL CONSTRUCTION, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 111A00013436

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kris Wall Construct	Hon LLC.
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000042423</u> .	were filed on $2/22/11$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Michael Kris Wall Construction The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	MA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	₽is →
New Registered Office Address:	Line City and City an
	Enter Florida street address , Florida & 9
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further a get to comply with
the provisions of all statutes relative to the proper and comple	ete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Manager's 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 = Mai MGRM = M	nager Ianaging Member	NIA	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			□Add □Remove
			Add Remove
D. If amend	M/A	ge(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated	06/08 , 20 Michael Kins	OIL. Wall	_
	Signature of a member Michael Kr	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00