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SEP - 2 2008

EXAMINER

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Kirsten James Designs, 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:
Kirsten A. James (Name of Person)
<u> Kirsten James Designs, LLC</u>
1003 Jacaranda Circle
Rockledge, FL 32955 City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Kirsten A. James (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,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

STREET/COURIER ADDRESS:

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(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number LOSODO 17107	Company were filed on 🔨 🗚		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2.2.42.37	
(Principal office address MUST BE A STREET ADD	RESS)	F. 23	
	- 	700 100 100 100 100 100 100 100 100 100	
		S A A A	
Enter new mailing address, if applicable:		المالية	
(Mailing address MAY BE A POST OFFICE BOX)		77	
•			
		2	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(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)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	MGR = Manager MGRM = Managing Member							
	<u>Title</u>	<u>Name</u>	Address	Type of Action				
	MGRM	Kirsten A. James	1003 Jacaranda Circle Rockledge FL 32955	Add Remove				
	M <u>GRM</u>	Tony C. James	1003 Tacaranda Circle ROCKRAGE 91 32955	Add				
ŧ	MGR	Kirsten A. James.		Add Remove				
				Add Remove				
				Add Remove				
				Add Add Remove				
	D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	현 대 &				
R	4.	i i	paparos title change for					
	K	irsten A. James, o	und completely remo	re				
		ony C. James from	1 the Member Section	<u>on</u> .				
	Dated _A	Igus-1.27, 200	<u>\</u> .	_				
		Kuster Clem Signature of almember	or authorized representative of a member					
		Kirsten A, Jan	CS or printed name of signee					
	December 2 and 2							

Page 2 of 2

Filing Fee: \$25.00