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Special instructions to Filing Officer:

L. SELLERS

MAR 3.1 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

MAR 30 PM 3:5

# **COVER LETTER**

Registration S Division of Co					
SUBJECT:	Your Pro Kite Name of Limi	Shew L.L.C ited Liability Company	·-		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	- Cynthi Your 1	Name of Person  Rokitchen L. Firm/Company	19 L.C		
	_6152 j	1264 Avenue Address 7 FL 33773	#503		
	E-mail address: (	City/State and Zip Code  City/State and Zip Code  Lity/State and Zip Code  Lity/State and Zip Code  Lity/State and Zip Code	nail.com		
For further information	concerning this matter, please of	call:			
Cynthia Name	Lee Pickeri	ng at ( <u>737) 53/- 20</u> Area Code & Daytime 1	elephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & 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)		
MAILING ADDRESS		STREET/COURIER ADDRESS.			

## MAILING ADDRESS:

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2011

CYNTHIA LEE PICKERING 6152 126TH AVENUE, #503 LARGO, FL 33773

SUBJECT: YOUR PRO KITCHEN, LLC

Ref. Number: L08000089649

We have received your document for YOUR PRO KITCHEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the agent name is being changed to reflect the new married name, the information needs to be written in in section B and the document must be signed by that individual below as the "new registered agent".

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.

Leslie Sellers Regulatory Specialist II

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Letter Number: 811A00006267

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street add Florida City 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 agent to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and queent the obligations of the proper and complete performance of my duties. 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.

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 **Title** Address **Type of Action** MGRM Bradley D. Pickering ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 8 . 2011.

Signature of a member of authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00