

L090000 74633

(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:

Office Use Only



900161224279

10/07/09--01022--004 **25.00

FILED
09 OCT -7 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 8 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Kraft and Eaton, 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:

Pamela Prohaska

Name of Person

Kraft and Eaton, LLC DBA West Coast Hair Company

Firm/Company

627 N. Tamiami Trail

Address

Nokomis, FL 34275

City/State and Zip Code

WestCoastHairCo@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Prohaska

Name of Person

at (941)

468-0370

Area Code & Daytime Telephone Number

FILED
09 OCT - 7 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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**

Kraft and Eaton, LLC

(Name of the Limited 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 August 3, 2009 and assigned
Florida document number L09000074633.

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)

627 N. Tamiami Trail

Nokomis, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

627 N. Tamiami Trail

Nokomis, FL 34275

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:

627 N. Tamiami Trail

Enter Florida street address

Nokomis

Florida

34275

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pamela Prohaska	627 N. Tamiami Trail Nokomis, FL 34275	☒ Add ☐ Remove
MGR	Pamela Prohaska	1348 Hedgewood Circle North Port, FL 34288	☐ 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 September 30, 2009

Pamela Prohaska

Signature of a member or authorized representative of a member

Pamela Prohaska

Typed or printed name of signee

FILED
 09 OCT -7 PM 2:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA