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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K.SALY EXAMINER MAR 9 2012

COVER LETTER

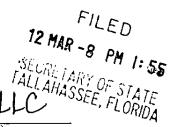
TO: Registration Section Division of Corporations				
SUBJECT: KITCHEN AND GENERAL BUILDERS LLC				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JUAN J. MORA				
Name of Person				
KITCHEN AND GENERAL BUILDERS LLC FIRM/Company 8850 N. FLORIDA AVE				
Firm/Company				
B850 N. FLORIDA AVE				
TAMPA, FL. 33604 City/State and Zip Code				
JC33604@PGMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JUAN J. MORA at (813) 919-7217				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &				

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



(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Lia	ability Company were filed on	08/02/2010	and assigned
Florida document number <u>L1000008052</u>	37 .		_ 0
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** JOSE GALINDEZ 8850 N. FLORIDA AVE. MGRM Remove □ Add Remove Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 2012 Signature of a member or authorized representative of a member JUAN J. MORA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00