

L10000082608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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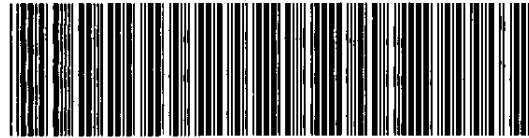
(Business Entity Name)

(Document Number)

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2010 NOV 16 PM 12:31
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 17 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KITCHENS & GRANITE 4 LESS L.L.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:

YUNIOR ECHEVARRIA

Name of Person

KITCHENS & GRANITE 4 LESS L.L.C

Firm/Company

5020 JONES DR

Address

LEHIGH ACRES FL , 33973

City/State and Zip Code

yunior.kitchensandgraniteforless@yahoo.com

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

For further information concerning this matter, please call:

YUNIOR ECHEVARRIA

Name of Person

at (239)

245-4926

Area Code & Daytime Telephone Number

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**

FILED

2010 NOV 16 PM 12:31

KITCHENS & GRANITE 4 LESS L.L.C

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08-06-2010 and assigned
Florida document number L10000082608.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

5020 JONES DR

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES FL, 33973

Enter new mailing address, if applicable:

5020 JONES DR

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES FL, 33973

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:

YUNIOR ECHEVARRIA

New Registered Office Address:

5020 JONES DR

Enter Florida street address

LEHIGH ACRES

, Florida

33973

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	YUNIOR ECHEVARRIA	5020 JONES DR LEHIGH ACRES FL 33973	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NORA C. ECHEVARRIA	5781 LEE BLVD STE# 208-306 LEHIGH ACRES FL 33973	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE PRINCIPAL OFFICE, REGISTERED AGENT & MAILING

ADDRESS FOR COMPANY FROM 5781 LEE BLVD STE # 208-306 LEHIGH

ACRES FL , 33973 TO 5020 JONES DR LEHIGH ACRES FL, 33973

PLEASE REMOVE NORA C. ECHEVARRIA FROM MGR LIST .

Dated NOV 12, 2010


Signature of a member or authorized representative of a member

YUNIOR ECHEVARRIA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA