L10000091473

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TALLAHASSEE, FLORIDA

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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kevin D. Kossick, 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:
Kerin D. Kossick
Kerin D. Kossick, LLC Firm/Company
1166 SE Conference Circle
City/State and Zip Code Kosscrew@yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chery L. Kossick at (772) 233 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2011

KEVIN D. KOSSICK KEVIN D. KOSSICK, LLC 1166 SE CONFERENCE CIRCLE STUART, FL 34997

SUBJECT: KEVIN D. KOSSICK, LLC

Ref. Number: L10000091473

We have received your document for KEVIN D. KOSSICK, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00022143

. ARTICLE	S OF AMENDMENT TO	FILER
ARTICLES	OF ORGANIZATION	ZOII SEP 30
The Articles of Organization for this Limited Liability C Florida document number <u>L/000009</u> /4	Company were filed on <u>Augt</u> 173	<u>& + 31, 20/0</u> and assigned
This amendment is submitted to amend the following:		,
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	LLC
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>N</i> /	1 _A
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Fl	orida 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 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:

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<u>le</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
		-	
			Add Remove
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f amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necess	iary.)
			2011 SEP 30 SECRETARY TALLAHASS
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	Kevir	per or authorized representative of a member OSSICK ed or printed name of signee	STATE LORIDA

Page 2 of 2

Filing Fee: \$25.00