

211000028923

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

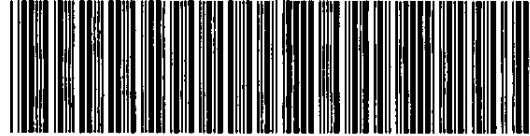
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/23/16--01037--018 \*\*60.00

FILED  
16 MAR -9 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2016

J SHIVERS

# *Freelance Kitchen Design LLC*

*P.O. Box 5063*

*Deltona, FL 32728*

*(407) 222-8489 office (386) 574-7978 fax*

*Ed @ FreelanceKitchenDesignLLC.com*

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Ref: Corporate name change

Request a corporate name change from Freelance Kitchen Design LLC to Butterfly Settee LLC.  
To be effective April 01, 2016

The name is the only change; all other information is staying the same.

I believe I have signed and enclosed the appropriate forms along with a \$60 check for fees, certificate and copies.

Thank you



Edward C Phillips

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FREELANCE KITCHEN DESIGN 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:

EDWARD C PHILLIPS

Name of Person

FREELANCE KITCHEN DESIGN LLC

Firm/Company

1187 MANITOBA ST.

Address

DELTONA FL 32725

City/State and Zip Code

FREELANCE KD @ YAHOO.COM

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

For further information concerning this matter, please call:

ED PHILLIPS

Name of Person

at (407)

Area Code

222-8489

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**

**FREELANCE KITCHEN DESIGN 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 MAR 09, 2011 and assigned  
Florida document number L11000028923

This amendment is submitted to amend the following:

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

**BUTTERFLY SETTEE LLC**

The new name must be distinguishable and contain 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 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 MAR - 9 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 9 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEB 26, 2016

Edw. C. R. R.

Signature of a member or authorized representative of a member

EDWARD C PHILLIPS

Typed or printed name of signee