

LI 000138274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

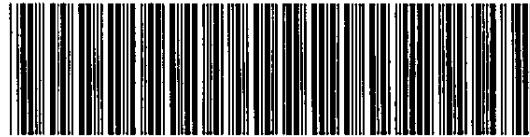
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRAMDEN Group, 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:

ANDREW DELILLO
Name of Person
KRAMDEN Group, LLC
Firm/Company
3350 NW 2ND AVE Suite A-6
Address
BOCA RATON, FL. 33431
City/State and Zip Code
ANDY@KRAMDENGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MADDEN at (772) 220-3076
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

KRAMDEN Group LLC

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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:

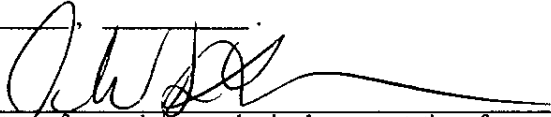
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
m6rm	Andrew DeLillo	10839 AVENIDA Santa Ana	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33498	<input type="checkbox"/> Remove
		SEC.	
m6rm	Andrew DeLillo	10839 AVENIDA Santa Ana	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33498	<input type="checkbox"/> Remove
		TRES.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

ANDREW DE LILLO

Typed or printed name of signee

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Filing Fee: \$25.00

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