

L12000028395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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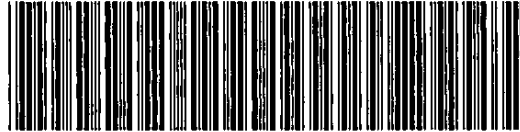
(Business Entity Name)

(Document Number)

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2012 MAY 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 15 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIMBERLY PABOR DESIGNS 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:

KIMBERLY PABOR
Name of Person

PABOR DESIGNS PURCHASING SERVICES LLC
Firm/Company

304 PASS-A-GRIFFIN WAY #3
Address

ST. PETE BEACH FL 33706
City/State and Zip Code

KIM@PABORDESIGNS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY PABOR at (727) 954 4438
Name of Person Area Code & Daytime Telephone Number

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2012 MAY 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

KIMBERLY PABOR
PABOR DESIGNS
304 PASS-A-GRILLE WAY #3
ST. PETE BEACH, FL 33706

SUBJECT: KIMBERLY PABOR DESIGNS LLC
Ref. Number: L12000028395

FILED
2012 MAY 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KIMBERLY PABOR DESIGNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 812A00013736

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KIMBERLY PABOR DESIGNS 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 2/28/12 and assigned
Florida document number L12000028395

This amendment is submitted to amend the following:

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

PABOR DESIGNS PURCHASING SERVICES LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 MAR 15 PM 3:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 MAY 15 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated _____, _____.

Kimberly M Pabor
Signature of member or authorized representative of a member

Kimberly M Pabor
Typed or printed name of signee