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COVER LETTER

Division of Corporations
SUBJECT: Fat Kahuna'S 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:
Gordon Siljestrom
Fat Kahuna's LLC Firm/Company
3408 S. Atlantic Ave
Cocoa Beach FL 32931 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Siljestrom at (32) 537-0913 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$ 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

fat Kahunc	a's LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L1200053035		4/19/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Cor	mpany," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		- Ph.7
Enter new mailing address, if applicable:			228
(Mailing address MAY BE A POST OFFICE BOX)			
	·		
B. If amending the registered agent and/or registered agent and/or the new registered office ado		n our records, <u>ent</u>	
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
	City	, Florida	Zip Code
	CHy		zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Kathy Siljestrom 3408 S. Atlantic Ave Cocoa Beach FL 32931 Remove Remove Remove

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	Sech of Sets
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00