

L17000 109227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

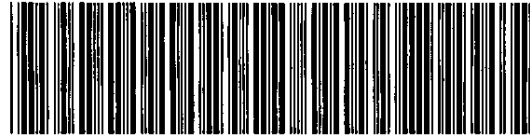
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. BRUCE

429



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2014

KAREN BLANKENZEE  
4044 W LAKE MARY BLVD UNIT 104-137  
LAKE MARY, FL 32746

SUBJECT: C&K DESIGN FABRICS, LLC  
Ref. Number: L13000109227

We have received your document for C&K DESIGN FABRICS, 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 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00016991

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DEPARTMENT OF STATE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C & K DESIGN FABRICS, 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:

**KAREN J BLANKENZEE**

Name of Person

**C & K DESIGN FABRICS, LLC**

Firm/Company

**4044 W LAKE MARY BLVD, UNIT 104-317**

Address

**LAKE MARY, FL 32746**

City/State and Zip Code

**KBLNKZ11@GMAIL.COM**

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

For further information concerning this matter, please call:

**KAREN J BLANKENZEE**

Name of Person

**at (407) 687 8128**

Area Code

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

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DEPARTMENT OF STATE

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

**C & K DESIGN FABRICS, 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 08/02/2013 and assigned  
Florida document number L13000109227.

This amendment is submitted to amend the following:

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

**KENZ ENTERPRISES, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4300 W LAKE MARY BLVD,

SUITE 1010-317

LAKE MARY, FL 32746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4300 W LAKE MARY BLVD,

SUITE 1010-317

LAKE MARY, FL 32746

**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:**

KAREN J BLANKENZEE

**New Registered Office Address:**

4300 W LAKE MARY BLVD, SUITE 1010-317

Enter Florida street address

LAKE MARY

Florida 32746

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	KAREN J BLANKENZEE	4300 W LAKE MARY BLVD,	<input checked="" type="checkbox"/> Add
		SUITE 1010-317	<input type="checkbox"/> Remove
		LAKE MARY, FL 32746	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 OFFICE OF THE  
 CLERK OF THE  
 SUPERIOR COURT  
 JUDGE  
 J. L. ROSS  
 1000 N. GULF BLVD.  
 SUITE 1000  
 TAMPA, FL 33602

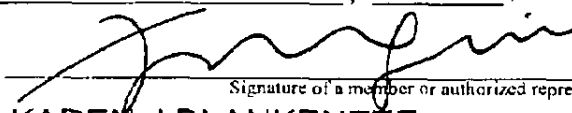
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE 3: The purpose for which this Limited Liability Company is organized is:

to perform any and all lawful business

E. Effective date, if other than the date of filing: 09/01/2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/26/2014



Signature of a member or authorized representative of a member

KAREN J BLANKENZEE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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