# L13000156151

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900255133929

01/06/14--01013--022 \*\*100.00

ZOW JAN -6 PH 1:38

JAN 0 9 2014

WAR JOE

# **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

Kirchner, 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:

Steven H. Kane, Esquire

Name of Person

Kane and Koltun, Attorneys at Law

Firm/Company

557 N. Wymore Road, Suite 100

Address

Maitland, FL 32751

City/State and Zip Code

dosborne@kaneandkoltun.com

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

For further information concerning this matter, please call:

Day Osborne-Chapman

<sub>...</sub>407、661-1177

Name of Person

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kirchner, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on November 6, 2013	and assigned
Florida document number L13000156151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
206 Quayside, LLC		
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the designation "I	
Enter new principal offices address, if applicable:		1 2 m
(Principal office address MUST BE A STREET ADDRESS)		I 2
		\$ 6 F
		TIGO PR
Enter new mailing address, if applicable:		951 -
(Mailing address MAY BE A POST OFFICE BOX)		38
Mauress Mill Barri Ost Of 1102 Borry		1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, Florida	
		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>	Address	Type of Action		
		<u> </u>	Add		
			Remove		
			Add		
			Remove		
			<u></u>		
			Add		
			Remove		
		<del></del>	Remove		
		<del></del>	E wodd		
			Remove		
			-6 PH 9-		
			Remove		
			Remove		
			Remove		
			Add		
			Remove		

D. If amending any other inform	nation, enter change(s) here: (Attach	additional sheets, if necessary.)
· · · ·		<u> </u>
····		
<del></del>		
		45.00
E. Effective date, if other than the date is listed, the date is listed.	ne date of filing:	(optional) than 90 days after filing.) (605.0207 (3)(b)
	2014	
	Signature of a member or authorized repre	Sentative of a member
	Katherine K. Pa	l Cosk:
	Page 3 of 3	5.B.100

Filing Fee: \$25.00

2014 JAN -6 PM 1:38