LIS 0000 98205

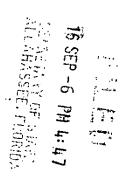
(Re	questor's Name)			
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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT: The KI	tchen Design	Center of Th	ne Palm Beaches, LL
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Edux	Name of Person	
	The Kitchen	Deagn Cen	ter
	1650 Cyp	ress Drive, Address	
	Jupi	City/State and Zip Code	1
	Kdcdesig E-mail address	ncentera 9 ma o be used for future annual report notifi	in Com
For further information cor	ncerning this matter, please ca	ili:	
Edward Name of I	V VI-é L Person	at (<u>56</u>) <u>466 –</u> Area Code Daytime	- 23) C 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	DAVID RICHERT	11579 54TH N ROYAL PALM BEACH, FL 33411	Add
			Remove
			□ Change
			Remove
			Change
			Add
			Emove Change
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		ORIO PORTO	Remove
			□ Change
			D Add
			□ Remove
			Change
···			🗖 Add
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if	(necessary.)
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605.0207 (is, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:) The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated August 30 th , 2016. Signature of a member or authorized representative of a member	
Edward Viel Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00