

L16000137664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200288470912

08/01/16--01007--015 **25.00

FILED
16 AUG 23 AM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/16/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2016

BRUNO B SILVA
3243 SW 1ST HOUSE
DEERFIELD BEACH, FL 33442

SUBJECT: DESIGNKITCHEN LLC
Ref. Number: L16000137664

FILED
16 AUG 23 AM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DESIGNKITCHEN 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):

The member or authorized representative must type or print name.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 616A00016374

8/23/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGNKITCHEN 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:

BRUNO B SILVA

Name of Person

DESIGNKITCHEN LLC

Firm/Company

3243 SW 1ST

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

AGENT@AVPINSURANCE.COM

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

For further information concerning this matter, please call:

BRUNO B SILVA

954

600-8532

at ()

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

FILED
16 AUG 23 AM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DESIGN KITCHEN 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 7/21/14 and assigned Florida document number LI0000137604.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

3243 SW 1ST
Deerfield Beach, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3243 SW 1ST
Deerfield Beach, FL 33442

FILED
16 AUG 23 AM 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BRUNO B. SILVA

New Registered Office Address:

3243 SW 1ST

Enter Florida street address

DEERFIELD BEACH, Florida 33442

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	BRUNO B SILVA	3243 SW 1ST	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH FL	<input type="checkbox"/> Remove
		33442	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 23 2016
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PLEASE ADD BRUNO B SILVA AMBR

FILED
16 AUG 23 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/26/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/26/2016

Bruno Augusto Silva

Signature of a member or authorized representative of a member

BRUNO SILVA

Typed or printed name of signee