LITOOOOO3701

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. SCOTT JUL 2 4 2017



June 30, 2017

LINDD LAMPMAN 1125 SW HUTCHINS ST PORT ST LUCIE, FL 34983

SUBJECT: KITCHEN FAMILY TRUCK AND AUTO L.L.C.

Ref. Number: L17000003701

We have received your document for KITCHEN FAMILY TRUCK AND AUTO L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 317A00013352

Dionne M Pijeaux Regulatory Specialist

MECELVED 2017 JUL 17 RM 2: SK SEURETANY OF STATE TALLAHASSEE, FLORIGA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kilchen Tamily T	Division of Corporations To all Amounts of Limited Elability Company sed Articles of Amendment and fee(s) are submitted for filing. The amount of Person Limbal Amounts of Person at (1772) Area Code Daytime Telephone Number is a check for the following amount: Of Filing Fee S. 30.00 Filing Fee & S. 555.00 Filing Fee & S. S60.00 Filing Fee.
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
•	
	· ······ company
Poel St. L.	OCIO 34983 City'State and Zip Code
LINDSO MY	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Lines Lamonau Name of Person	at (NN2) 336- NNN Sara Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy
Aleensy have	Submitted Check
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

The Articles of Organization for this Limited Liability Company were filed on $\sqrt{-5-20}$ \ $\sqrt{}$ and assigned 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 "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
<u>Nq.</u>	Davin Kidchen	1986 S.E. Soull BUTTONWOOD DR.	▼ Add
		Poel St. Lucie Tr 349	15 Z Remove
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ffective date, if other than t an effective date is listed, the date	the date of filing:		_ _	(optional)	
an effective date is listed, the date in this lote: If the date inserted in this	must be specific and ca s block does not med	mnot be prior to date o et the applicable stat	f filing or more than 90 tutory filing requirer) davs after filing.) P nents, this date wi	ursuant to 605,02 II not be fisted
ocument's effective date on the	: Department of Sta	te's records.			
e record specifies a delay The 90th day after the r		te, but not an el	fective time, at	12:01 a.m. on	the earlier
ated <u>July</u> 14		<u>2017</u> .			
	<i>i</i>) (ĺ	presentative of a memb		-i
	, <u>), /</u>				
Dated July 14 Down	Signature of a me	mber or authorized ter	aresentative of a memb	ner f	

Page 3 of 3

Filing Fee: \$25.00