

L18000187870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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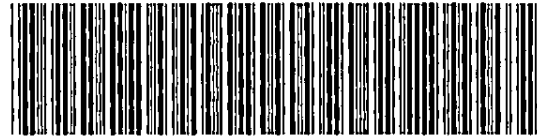
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 PM 3:39

FILED

10/17/18--01013--013 \*\*30.00

S. PRATHER

OCT 23 11

2018 OCT 15 AM 10:33

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KITCHEN CENTER PLUS 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:

RACHEL DEBRAKINS  
Name of Person

KITCHEN CENTER PLUS LLC.  
Firm/Company

2805 DR. MARTIN LUTHER KING JR. ST. N  
Address

SAINT PETERSBURG, FL 33704  
City/State and Zip Code

RACHEL@KITCHENCENTER.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER THOMPSON at 727 350-5906  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

KITCHEN CENTER PLUS 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 08/06/2018 and assigned  
Florida document number L18000187870

**FILED**  
2018 OCT 15 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

KITCHEN CENTER PLUS LLC

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)**

2805 DR MARTIN LUTHER  
KING JR. ST. N.  
SAINT PETERSBURG, FL 33704

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

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

2805 DR. MARTIN LUTHER  
KING JR. ST. N.  
SAINT PETERSBURG, FL 33704

**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:**

CHRISTOPHER THOMPSON

**New Registered Office Address:**

2805 DR. MARTIN LUTHER KING JR ST.

Enter Florida street address

SAINT PETERSBURG, Florida FL 33704

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>
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<del>AMBR</del> AMBR	RACHEL DERBAKINS	2805 DR. MLK JR. ST. N ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

<del>AMBR</del> AMBR	MATTHEW SMITH	2805 DR. MLK JR. ST. N ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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