

h21 000 254 214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

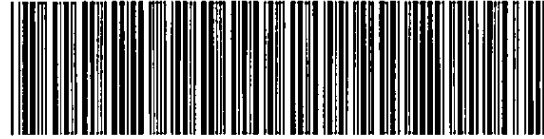
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

JUL 26 2021

07/27/21--01005--017 \*\*30.00

FILED  
2021 JUL 26 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

HS  
8/9/21

To whom it may concern: My accountant accidentally misspelled my corporate name when he filed. Please change the corporate name from KIITCHENSNOW, LLC to KITCHENSNOW, LLC. (There was an extra "i" in the word Kitchen when he filed.)

>>> If at all possible, can the company be registered using upper and lower case?

This is really how I would like to see my corporate name appear: **KitchensNOW, LLC**

Enclosed you will find a check for \$30. This will be for the Filing Fee and Certificate of Status.

FILED  
2021 JUL 25 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

Thank you so much, in advance, for your attention to the above. Should you need to speak with me, please don't hesitate to call or email.



Gregory Kachadoorian  
305.776.4734  
xproskier@bellsouth.net

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KITCHENSNOW, 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:

GREGORY KACHADOORIAN

Name of Person

Firm/Company

1309 NORTH 30TH COURT

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

XPROSKIER@BELLSOUTN.NET

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

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2021 JUL 26 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

GREGORY KACHADOORIAN

305 776-4734

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2021 JUL 26 PM 2:07  
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