## 121000354214

(Requestor's Name)		
(Address)		
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,		
(City/State/Zip/Phone #)		
(Only) State Liph Hotte #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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1/2/

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.

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**

	gistration Si vision of Co			
01101000		ISNOW, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	n all co <del>rre</del> spo	ondence concerning this matter	r to the following:	
		GREGORY KACHADOO	DRIAN	
			Name of Person	
				21 S
			Firm/Company	T IL. 2021 JUL 26 SECRETAR TALLAM
		1309 NORTH 30TH COU	<b>IRT</b>	77AR
			Address	BAY OF BASSE
		HOLLYWOOD, FL 3302	1	H 2: 07
			City/State and Zip Code	
		XPROSKIER@BELLSOU		
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please c	all:	
GREGPRY	KACHADO	ORIAN	305 776-4734	
	Name o	f Person	at () Area Code Daytime `	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres	_	Street Address:	
_	gistration S vision of C	Section orporations	Registration Section Division of Corporate Cor	
	). Box 632	•	The Centre of Tai	
Tal	lahassee F	T. 32314	2415 N. Monroe :	Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIITCHENSNOW, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears o rida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability	y Company were filed on JUNE	2, 2021 and assigned
Florida document number 121080254		
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the b	mited liability company here	:
KITCHENSNOW, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	2021 SEQF
<u>Principal office address MUST BE A STREET AD.</u>	DRESS)	
		SSET P
Enter new mailing address, if applicable:	SAME	E.S. 2
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or register gent and/or the new registered office address here</li> </ol>		rds, enter the name of the new regis
Name of New Registered Agent: SA	ME	
New Registered Office Address: SAN	ИЕ	
	Enter Florida	street address
		, Florida
	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>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
		TALLAH.	PRZ DAdd
		TALLAHASSEE, FL	Remove  Remove  Remove
			<b>~</b> □Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach addition	
	_
	2.
	17ACR
	76 AS
	THE RESERVENCE
	S 2 0
	07 TF
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after filing.) Pursuant to 605.0207 (3)(
document's effective date on the Department of State's records.	equirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on record is filed.	the earlier of: (b) The 90th day after the
/	
Dated 7 20 2021.	
Dated	
Li Legorn W. Machadoorean	
Signature of a member or authorized representative of	a member
(. GREGORY KACHADOORIAN	

Typed or printed name of signee