Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000227884 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: RC TAX SERVICE LLC Account Name

Account Number : I20140000083

: (407)932-0040 : (407)520-5473

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELAR CABINETS LLC

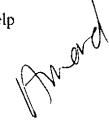
| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

S TALLENT JUL 2 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Registration Section Division of Corporations

TO:

| out trop. | DELA: | R CABINETS LLC | |
|---|---|--|--|
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of A | amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspor | dence concerning this matter | to the following: | |
| | | DIANA HEREDIA | |
| | | Name of Person | |
| | | Firm/Company | |
| | 29 | 000 COOLBREEZE CIR | |
| | | Address | |
| | | SAINT CLOUD, FL 34769 | |
| | | City/State and Zip Code | |
| | | X\$ERVICE@EARTHLINK.NET | |
| | E-mail address: (| to be used for future annual report no | tification) |
| Por further information co | oncerning this matter, please c | all: | |
| DIANA H | IEREDIA | 407 844-8799 at () | me Telephone Number |
| Name of | Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | Street Address: Registration Solivision of Co The Centre of | orporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BINETS LLC | |
|---|--|
| pany as it now appears on our records.) 1 Liability Company) | *** |
| y were filed on01/02/2013 | and assigned |
| | |
| | |
| ability company here: | |
| bility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| | |
| | |
| | 202 |
| | 202) JUL |
| | _ |
| | <u>.,</u> |
| | 1 1 |
| | 5 |
| e address on our records, enter the | nanie of the Rely regist |
| | |
| | |
| Enter Florida street address | |
| | |
| - , , , , | đa Zip Code |
| | ability Company here: bility Company," the designation "LLC" or |

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 |
|--------------|-----------------|-----------------------|----------------|
| MGR | EDUARDO HEREDIA | 2900 COOLBREEZE CIR | = Add |
| | | SAINT CLOUD, FL 34769 | □Remove |
| | | | ☐ Change |
| | | | □Abdd |
| | | | Remove |
| | | | □ Change |
| | | | □Add |
| | • | | ∏Remove |
| | | | Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| If amending any other | er information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---|--|-------------------------|
| | | - |
| - · · · | | - |
| | | - |
| | | - |
| | | - |
| | | - |
| | | - |
| | | - |
| | | ·• |
| | | - |
| | | _ |
| | | |
| | | - |
| | | _ |
| | | _ |
| | | _ |
| | | |
| Note: If the date insert | rted in this block does not meet the applicable statutory filing requirements, this date will not be lik |)5.0207 (sted as ti |
| | ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft | ter the |
| Dated JULY 15 | , 2020 | |
| X US | Signature of a member or authorized representative of a member | |
| | | |
| E. Effective date, if other than the date of filing: (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.) Pt. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi 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 9 record is filed. | Typed or printed name of signee | |

Filing Fee: \$25.00