

L14000152545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

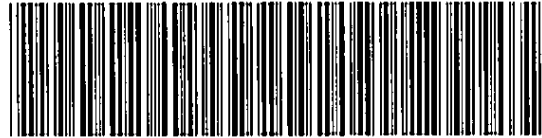
(Document Number)

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04/02/21--01019--020 \*\*25.00

21 APR -2 AM 10:00  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nuovo Kitchens & Baths, 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:

Robert Cafiero  
Name of Person  
Nuovo Kitchens & Baths, LLC.  
Firm/Company  
2752 Aurora Rd.  
Address  
Melbourne, Fl. 32935  
City/State and Zip Code  
RobCafiero67@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Cafiero at 321 591-8543  
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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

21 APR -2 AM 10: 00

Nuovo Kitchens & Baths, 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 9/29/2014 and assigned  
Florida document number L14000152545

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Nuovo Kitchens & Baths, LLC.  
2752 Aurora Rd.  
Melbourne, FL. 32935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Nuovo Kitchens & Baths, LLC.  
2752 Aurora Rd.  
Melbourne, FL. 32935

**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

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

SECRETARY OF STATE  
DIVISION OF CURRICULUM

21 APR -2 AM 10: 00

Title	Name	Address	Type of Action
AMBR	Beth Boshnett	2980 Alberta Ct. Melbourne, Fl. 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Cafiero	211 Caroline St. Apt. # C1 Cape Canaveral, Fl. 32920	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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FILED  
CLERK (ARTY OF STATE)  
CORPORATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 APR -2 AM 10:00

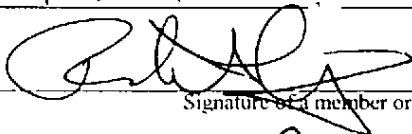
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 90th day after the record is filed.

Dated 3-31-2021



Signature of a member or authorized representative of a member

Robert Cafiero

Typed or printed name of signee

Filing Fee: \$25.00