

L220000337351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

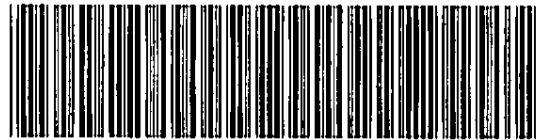
(Document Number)

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*[Signature]*



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22 SEP - 1 PM 2:10

RECEIVED  
DIVISION OF CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELITE CABINET SOLUTIONS 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:

FREDDY GONZALEZ

\_\_\_\_\_  
Name of Person

ELITE CABINET SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

30 NW 47TH COURT

\_\_\_\_\_  
Address

MIAMI, FL 33126

\_\_\_\_\_  
City/State and Zip Code

FREDDYGONZALEZ0610@GMAIL.COM

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

For further information concerning this matter, please call:

FREDDY GONZALEZ

786 674-9881  
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

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ELITE CABINET SOLUTIONS LLC

**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>                      |
|--------------|------------------|------------------|--------------------------------------------|
| AMBR         | FREDDY GONZALEZ  | 30 NW 47TH COURT | <input type="checkbox"/> Add               |
|              |                  | MIAMI, FL 33126  | <input type="checkbox"/> Remove            |
|              |                  |                  | <input checked="" type="checkbox"/> Change |
|              | AIDELYN CARDENAS | 30 NW 47TH COURT | <input type="checkbox"/> Add               |
|              |                  | MIAMI, FL 33126  | <input checked="" type="checkbox"/> Remove |
|              |                  |                  | <input type="checkbox"/> Change            |
|              |                  |                  | <input type="checkbox"/> Add               |
|              |                  |                  | <input type="checkbox"/> Remove            |
|              |                  |                  | <input type="checkbox"/> Change            |
|              |                  |                  | <input type="checkbox"/> Add               |
|              |                  |                  | <input type="checkbox"/> Remove            |
|              |                  |                  | <input type="checkbox"/> Change            |
|              |                  |                  | <input type="checkbox"/> Add               |
|              |                  |                  | <input type="checkbox"/> Remove            |
|              |                  |                  | <input type="checkbox"/> Change            |

22 SEP 10 PM 2:10  
DIVISION OF RECORDS MANAGEMENT

22 SEP - 1 PM 2:10

22 SEP -1 PM 2:10

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**