## L01000016648

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Citchen and	l Bathroom Cabinets LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Robert Ritter		
			Name of Person	
		Kitchen and Bathroom Cal	pinets LLC	
			Firm/Company	
		4870 Tallowood Way		😝
			Address	
		Naples, FL 34116		2023 KAN 26 SEART A
			City/State and Zip Code	
		charsyhuntkbc@gmail.com		
		E-mail address: (	to be used for future annual report notification)	
For further info	ormation c	oncerning this matter, please ca	all:	
Charsy Hunt			239 293-6932 at ( )	
	Name o	f Person	Area Code Daytime Telephor	ne Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil	ing 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)
Regi Divis P.O.	Box 632	Section Corporations 17	Street Address: Registration Section Division of Corporation The Centre of Tallahas	see
t ana	ınassee, I	FL 32314	2415 N. Monroe Street	, Suite of O

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kitchen and Bathroom Cabinets LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company vi Florida document number L07000076648	vere filed on 07/25/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		623
(Principal office address MUST BE A STREET ADDRESS)		
		25
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of	the new registere
Name of New Registered Agent:		
Name Province of Office Address		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del> -		Lip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fami rovided for in Chapter 605, F.S. Or, if the	liar with and iis document is

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>	Type of Action
AMBR	Kyle Brian Schwager	396 Dover Place #102	<b>≡</b> Add
		Naples, FL 34104	□Remove
			□Change
		_	□Add
			☐Remove
		-	Change 22 Add
			☐ PRemove
			□Change
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ffective date, if other than the an effective date is listed, the date motors. If the date inserted in this becument's effective date on the	e date of filing:	(option of filing or more than 90 days aften atutory filing requirements, this	onal) r filing.) Pursuant to 605.0207 is date will not be listed as
record specifies a delayed effect lis filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b	o) The 90th day after the
ated May 23	2023		
aleti	^		
Rbu	Signature of a member or authorized re		

Filing Fee: \$25.00