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J. Shivers DEC 03 2014

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CABINET DEPOT OF OCALA 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:

Carolina Arango  
Name of Person

Cabinet Depot of Ocala LLC  
Firm/Company

4810 SW 60th Ave  
Address

Ocala FL, 34476  
City/State and Zip Code

cabinetdepotofocala@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Arango at (352) 216-4824  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TO  
ARTICLES OF ORGANIZATION  
OF**

CABINET DEPOT OF OCALA 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 09/07/2010 and assigned Florida document number L 100000 93605.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CABINET DEPOT OF OCALA LLC

The new name must be distinguishable and end with 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)

4810 SW 60TH AVE  
OCALA FL 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4810 SW 60th Ave  
Ocala FL 34474

**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:

Carolina Arangu

New Registered Office Address:

10669 SW 75th terrace  
Enter Florida street address

Ocala, Florida  
City Zip Code

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**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.

Carolina Arangu

If Changing Registered Agent, Signature of New Registered Agent

**Authorized Member 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>
MGR	Carolina Arango	10669 SW 75th Terr	<input checked="" type="checkbox"/> Add
		Ocala FL 34476	<input type="checkbox"/> Remove
MGR	Daniel Perotti	4116 SW <del>70th</del> 54th CIRCLE	<input checked="" type="checkbox"/> Add
		OCALA FL 34474	<input type="checkbox"/> Remove
AMBR	My Creative Style LLC	8815 Conroy Windermere Rd. #657	<input checked="" type="checkbox"/> Add
		Orlando FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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\_\_\_\_\_

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/18/14, \_\_\_\_\_.

Carolina Aransu

Signature of a member or authorized representative of a member

Carolina Aransu

Typed or printed name of signee

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Filing Fee: \$25.00

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