

220 0000 97605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

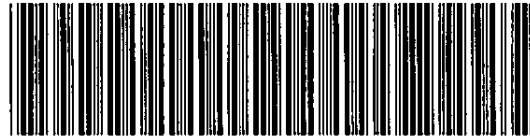
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 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 OCALA FL  
Address

OCALA FL 34434  
City/State and Zip Code

Cabinetdepotocala@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) 216-7824  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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>
<del>MGR</del>	<del>Carolina Arango</del>	<del>10669 SW 75th Terr</del>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	My Creative Style LLC	8815 Conroy Windermere Rd # 657	<input type="checkbox"/> Add
		Orlando FL, 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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ED

**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 9/7/2010 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:**

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)**

**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:

Ca

New Registered Office Address:

Enter Florida street address

Florida

City

SECRETARY OF  
STATE  
14 DEC 14 AM  
Tallahassee, FL  
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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 November 27, 2014.

Carolina Arango  
Signature of a member or authorized representative of a member  
Carolina Arango  
Typed or printed name of signer

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