

L10000093105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

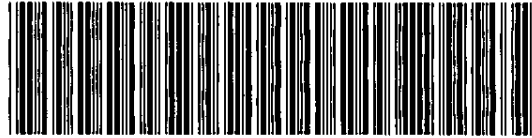
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
PALM BEACH COUNTY, FLORIDA

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APR 21 2015

COVER LETTER

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 / NICOLE FRANCO
Name of Person

CABINET DEPOT OF OCALA LLC
Firm/Company

4810 SW 60TH AVE
Address

OCALA, FL 34474
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

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TALLAHASSEE, FLORIDA

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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 9/21/2010 and assigned Florida document number L100000 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)

~~CAROLINA ARANGO~~
~~10664 SW 35TH TER~~
~~Ocala FL, 34476~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~106~~

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TALLAHASSEE FLORIDA

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 ARANGO

New Registered Office Address:

4810 SW 60TH AVE

Enter Florida street address

Ocala, Florida 34474

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.

Carolina Arango

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	Nicole Franco	10669 SW 75th ter	<input type="checkbox"/> Add
		Ocala FL, 34476	<input checked="" type="checkbox"/> Remove
MGR	Carolina Arango	10669 SW 75th terr	<input checked="" type="checkbox"/> Add
		Ocala FL, 34476	<input type="checkbox"/> Remove
MGR	Alberto Perotti	9480 SW 32nd AVE	<input checked="" type="checkbox"/> Add
		Ocala FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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 _____

<u>Nicole Franco</u> Signature of a member or authorized representative of a member	<u>Carolina Arango</u> Signature of a member or authorized representative of a member
<u>NICOLE FRANCO</u> Typed or printed name of signee	<u>CAROLINA ARANGO</u> Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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