

L110000038143

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

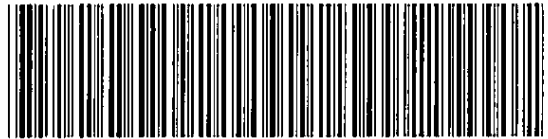
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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01/11/24--01012--014 \*\*35.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2024

MICHAEL KANTOR  
4505 17TH AVENUE WEST  
BRADENTON, FL 34209

SUBJECT: FLORIDA SHELVING SOLUTIONS, LLC  
Ref. Number: L11000038143

We have received your document for FLORIDA SHELVING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 724A00002050

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA SHELVING SOLUTIONS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. KANTOR

Name of Person

FLORIDA SHELVING SOLUTIONS, LLC

Firm/Company

4565 17<sup>th</sup> AVE W

Address

BRADENTON, FL 34209

City/State and Zip Code

SOLARMIKE @ VERIZON, NET

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

For further information concerning this matter, please call:

MICHAEL J. KANTOR

Name of Person

at (941)

Area Code

448 4100

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)

ALREADY PAID \$ 35.00

KEEP THE CHANGE!

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDA SITELVING SOLUTIONS, 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 MARCH 30, 2011 and assigned  
Florida document number L11000038143

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 contain 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)

MICHAEL J. KANTOR  
4505 17<sup>th</sup> AVE W  
BRADENTON, FL 34209

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:

same

New Registered Office Address:

Enter Florida street address

Florida

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.*

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

Title	Name	Address	Type of Action
MRS.	ROSARIO KANTOR		<input type="checkbox"/> Add
		4505 17 <sup>th</sup> AVE W	<input checked="" type="checkbox"/> Remove
		BRADENTON, FL 34209	<input type="checkbox"/> Change
MR.	MICHAEL J. KANTOR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4505 17 <sup>th</sup> AVE W	<input checked="" type="checkbox"/> Change
		BRADENTON, FL 34209	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MICHAEL J. KANTOR - 100% OWNERSHIP  
ROSARIO KANTOR - 0% OWNERSHIP

E. Effective date, if other than the date of filing: 1/9/24 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 2/11/24



Signature of a member or authorized representative of a member

MICHAEL J. KANTOR

Typed or printed name of signee