L12 0000 39664

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

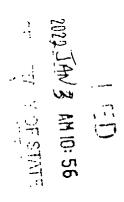
Office Use Only

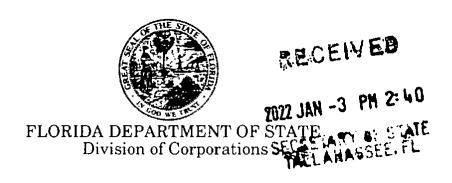
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December 14, 2021

JACQUELINE ACEVEDO 22095 US HWY 19 CLEARWATER, FL 33765

SUBJECT: CUSTOM CABINET KITCHEN & BATHROOM, LLC

Ref. Number: L12000089664

We have received your document for CUSTOM CABINET KITCHEN & BATHROOM, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Letter Number: 321A00030089

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO:

	gistration Se ision of Cor					
CHDIECT.	CUSTOM CABINET KITCHEN & BATHROOM LLC					
SUBJECT:		Name of Lim	ited Liability Company	 .		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		JACQUELINE ACEVEDO)			
			Name of Person			
		JASASTSA BUSINESS S	ERVICES LLC			
			Firm/Company			
		22095 US HWY 19				
			Address			
		CLEARWATER, FLORIE	OA 33765			
			City/State and Zip Code			
		AUCLEARWATER@GMA				
		E-mail address: (to be used for future annual report not	ification)		
For further in	nformation co	oncerning this matter, please ca	all:			
JACQUELII	NE ACEVEI	00	727 645-2856			
	Name of	f Person		ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 H	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		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Corporations			
). Box 632	·	The Centre of			
I al	llahassee, F	L 32314	2415 N. Monro	be Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM CABINET KITCHEN & BATHROOM 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 $\frac{07/10/2012}{1}$ and assigned Florida document number L12000089664 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 agent and/or the new registered office address here: JASASTSA BUSINESS SERVICES LLC Name of New Registered Agent: 22095 US HWY 19 N New Registered Office Address: Enter Florida street address

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.

City

CLEARWATER

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 adder or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	REYNA MAYELI QUEZADA-CHARLEZ	2784 BELLE HAVEN DR APT B	≣ Add
		CLEARWATER, FLORIDA 33763	□Remove
,			
-			□Remove
			□Change
			□Add
			□Remove
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			11/12/2021				
Effective	date, if other than	the date of filir	ng: 11/12/2021		(optio	onal)	
Note: If t	he date inserted in th	is block does not	meet the applic	able statutory fi	r more than 90 days after ling requirements, this	filing.) Pursuant to 605.02 date will not be listed	207 (3)(as the
document	's effective date on the	he Department of	State's records	-			
ne record sp ord is filed.		ective date, but no	ot an effective t	ime, at 12:01 a.t	n. on the earlier of: (b) The 90th day after th	he
NO Dated	OVEMBER 12TH		2021				
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Typed or printed name of signee