

L1300000/884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

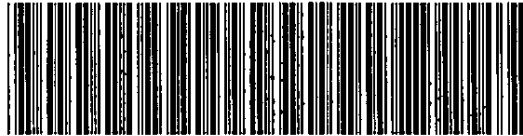
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

610

Office Use Only



400285107474

05/10/16--01003--015 \*\*25.00

2016 MAY -9 PM 4:34  
FILED  
TALLAHASSEE, FLORIDA  
2016 MAY 23 A 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2016

SWAGREN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2016

MIGUEL A PUENTES  
TRAMITES EXPRESS GLOBAL INC  
PO BOX 516  
LEHIGH ACRES, FL 33970

SUBJECT: MASTER KITCHEN CABINETS AND VANITIES LLC  
Ref. Number: L13000001884

We have received your document for MASTER KITCHEN CABINETS AND VANITIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~A post office box~~ is not an acceptable address for the registered agent.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 416A00009821

2016 MAY 23 PM 3:53  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MASTER KITCHEN CABINETS AND VANITIES 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:

MIGUEL A. PUENTES

Name of Person

TRAMITES EXPERESS GLOBAL INC

Firm/Company

PO BOX 516

Address

LEHIGH ACRES, FLORIDA, 33970

City/State and Zip Code

Tramitesexpressfl@outlook.com

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

For further information concerning this matter, please call:

MIGUEL A. PUENTES

239

491-6956

Name of Person

at ( )

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

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

MASTER KITCHEN CABINETS AND VANITIES 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 JANUARY 4TH OF 2013 and assigned Florida document number CC789129941.

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)**

3104 18TH STREET WEST

LEHIGH ACRES, FL, 33971

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O: MIGUEL A PUENTES

P.O BOX 516

LEHIGH ACRES, FL 33970

**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: MIGUEL A PUENTES

New Registered Office Address: 4608 DOUGLAS LN

*Enter Florida street address*

LEHIGH ACRES, Florida 33973

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LIVAN GONZALEZ	3104 18TH STREET WEST	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL, 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUILLERMO RIVERA	2808 36TH STREET WEST	<input type="checkbox"/> Add
		LEHIGH ACRES, FL, 33976	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Trustee	MIGUEL A PUENTES	PO BOX 516	<input checked="" type="checkbox"/> Add
		LEHIGH ACRESS, FL, 33970	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
JAN 23 A 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Change  
☒ Add  
☐ Remove  
☐ Change

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

This Amendment is being respectfully submitted to your office in order to remove Mr. Guillermo Rivera from this LLC as agreed by the board of directors, this ammendment shall be entered without prejudice and Mr. Livan Gracia shall be registered and serve as Owner and Manager, Mr. Miguel A Puentes as Bookkeeper and Trustee and no other individual should be listed after this amendment is processed and entered by the Office of Corporations for this Jurisdiction, as it can be seen in the annual filing Mr. Guillermo was registered as Manager and now he shall no longer serve or act as Manager for this LLC, this decision and petition is without prejudice and due to the facts that Mr. Guillermo Rivera has actually opened a Company in his own within this same Jurisdiction. In advance we would like to thank your office for your cooperation, understanding and time spent in this matter

**E. Effective date, if other than the date of filing:** 05/03/2016 (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 MAY 3RD, 2016

  
Signature of a member or authorized representative of a member

MIGUEL A. PUENTES

Typed or printed name of signee

FILED  
MAY 23 A 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA