LK-000000923

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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Italian Install	ation & Custom Cabinetry, L	LC	•
SUBJECT;		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n ali correspon	dence concerning this matter	to the following:	
		Kimberly Bertsch		
			Name of Person	
		Italian Installation & Custo	om Cabinetry, LLC	
			Firm/Company	
		4117 Bougainvilla Drive #	309	
			Address	
		Lauderdale by the Sea, FL	33308	
			City/State and Zip Code	
		info@mezzanottecarpentry.		
		E-mail address: (i	to be used for future annual report notifi	ication)
For further	information co	ncerning this matter, please ca	all:	
Kimberly B			201 2180879 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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:

TO:

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

Italian Installation & Custom Cabinetry, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our red a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L14000000923	Company were filed on 01/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		
		76 ALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20
		F
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our reco ress here:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Roberto Mezzanotte	4063 NE 5th Terrace	□ Add
		Oakland Park, FL 33334	□ Remove
			☐ Change
MGRM	Kimberly Bertsch	4063 NE 5th Terrace	Add
		Oakland Park, FL 33334	Remove
			■ Change
			Add
			☐ Remove
			Change AY
			Add S
			Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change

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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 60 nis date will not be list	5.0207 (3 ted as th
f the record specifies a delayed effective date, but not an effective time, at 12:01 b) The 90th day after the record is filed.	a.m. on the earli	ier of:
Dated May 16 . 2016. Signature of a member or authorized representative of a member		
Kimberly Bertsch		

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Typed or printed name of signee

Filing Fee: \$25.00