

L14000020669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

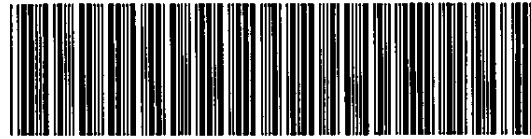
(Business Entity Name)

(Document Number)

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2014-07-09 10:05:21  
BOSTICK  
EXAMINER

B. BOSTICK  
APR 10 2014  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A1CM DRAPERY & UPHOLSTERY MANUFACTURER 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:

**KILMAN A MUNOZ**

Name of Person

**A1CM DRAPERY & UPHOLSTERY MANUFACTURER LLC**

Firm/Company

**10770 NW 138TH ST NUM C3**

Address

**HIALEAH GARDENS, FL 33018**

City/State and Zip Code

**ANDRESMINI\_BMW@YAHOO.COM**

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

For further information concerning this matter, please call:

**OPTIMUM INCOME PROPERTY** at **888 294-9998**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**A1CM DRAPERY & UPHOLSTERY MANUFACTURER 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 02/05/2014 and assigned  
Florida document number L14000020669.

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)**

10770 NW 138TH ST NUM C3

HIALEAH GARDENS, FL 33018

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:

JUAN J CASTELLANOS

New Registered Office Address:

10770 NW 138TH ST NUM C3

Enter Florida street address

HIALEAH GARDENS

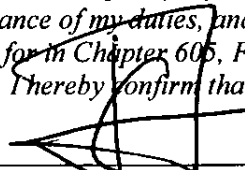
City

, Florida 33018

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGRM	KILMAN A MUNOZ	10770 NW 138TH ST NUM C3	<input checked="" type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Remove
MGRM	JUAN J CASTELLANOS	10770 NW 138TH ST NUM C3	<input checked="" type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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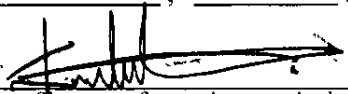
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 4-9-14



Signature of a member or authorized representative of a member

**KILMAN A MUNOZ**

Typed or printed name of signee

2014-04-09 10:51  
2014-04-09 10:51



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2014

KILMAN A. MUNOZ  
10770 NW 138TH STREET  
NUM C3  
HIALEAH GARDENS, FL 33018

SUBJECT: A1CM DRAPERY & UPHOLSTERY MANUFACTURER LLC  
Ref. Number: L14000020669

We have received your document for A1CM DRAPERY & UPHOLSTERY MANUFACTURER LLC and your check(s) totaling \$55.00. 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.

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 314A00006402

2014 MAR 29 PM 12:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA