# 1500071739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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August 7, 2018

RENATA ALCANTARA 3803 NW 7TH PL DEERFIELD BEACH, FL 33442

SUBJECT: NGM KITCHEN & BATH LLC

Ref. Number: L15000071739

We have received your document for NGM KITCHEN & BATH 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 CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 218A00016264

Octavia L Simmons Regulatory Specialist III

UBACS 3 | ATT

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#### **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		IEN & BATH LLC		
JOBSECT.		Name of Limit	red Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		RENATA ALCANTARA		
			Name of Person	,
		ACCOUNTING PLUS PR	OFESSIONAL SERVICES, INC	
			Firm/Company	
		3803 NW 7TH PL		
			Address	<del></del>
		DEERFIELD BEACH, FL	33442	
		RENATAALC@HOTMAIL	City/State and Zip Code COM	
		E-mail address: (to	be used for future annual report notificati	ion)
For further in	nformation cor	ncerning this matter, please cal	II:	
RENATA A	LCANTARA		954 913-1520	
	Name of I	Person	at () Area Code Daytime Tel	dephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

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

#### NGM KITCHEN & BATH 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 Compa		
Florida document number L15000071739	ny were med on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
		328 <b>6</b>
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" c	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		w m
(Principal office address MUST BE A STREET ADDRESS)		
		10 PM
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address h  Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
Non-Bouist and Angel's Cinneton (Cabonian Bouist and Cabonian Bouist and Cabonian Cinneton (Cabonian Cinneto	. Flori	da
	nt:	·
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	nt: gree to act in this capacity. I furth ete performance of my duties, and as provided for in Chapter 605, F.,	er agree to comply with th I am familiar with and S. Or, if this document is

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>	Type of Action
MGR	AGNALDO G FERREIRA	3514 NORTH POWERLINE RD	
		POMPANO BEACH, FL 33064	
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			□ Change
			Remove
			Change
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fective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must	be specific and cannot be pri	or to date of filing or more the	in 90 days after filing.) Pursuant to 6	505.02
ote: If the date inserted in this blo ocument's effective date on the De	partment of State's record	ncable statutory filing requ ls.	iirements, this date will not be l	isted
record specifies a delayed	effective date, but r	not an effective time.	at 12:01 a.m. on the ear	rlier
The 90th day after the reco	ord is filed.	,		
A 4 441				
August 14th ated	2018	· ·		
1-1				
× Kli	Le fte	thorized representative of a n	· · · · · · · · · · · · · · · · · · ·	