# Florida Department of State Division of Corporations Pleanonic Ming Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037

120070000037

Phone Fax Number

: (954)532-3842 : (954)532-3847

\*\*Enter the email address for this business entity to be used for future

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HARY OF STATE

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mail Address: <u>Paub & Oagk - tax com</u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & D CABINETS AND GRANITE, LLC

annual report mailings. Enter only one email address please.\*\*

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 11 2021

S. PRATHER

### **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SUBJE	Λ & D CA	BINETS AND GRANITE, I.	LC	
		Name of Li	mited Liubility Company	
The encl	losed Articles of	Amendment and fee(s) are su	therites to a SP	
		ondence concerning this matte		
		Paulo Oliveira		
			Name of Person	
		Engle Tax Representation	, Соф	
			Firm/Company	· ———
		5493 Wiles Road Stite 10	05	
			Address	<del>-</del>
		Coconul Creek - FL - 330	73	
			City/State and Zip Code	<del>_</del>
		paulo@eagle-tax.com		N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
For furthe	r information co	oncerning this matter, please o	to be used for future annual report of	mification)
Paulo Oli				
		<u> </u>	at () 532-3842 Area Code Dayti	
	Name of	rei300	Area Code Dnyti	me Telephone Number
Enclosed:	is a check for the	following amount:		
<b>≌</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy in enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	Iniling Address Legistration Solivision of Co .O. Box 6327 allahassee, Fl	ection rporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO

ARTICLES OF C	ORGANIZATION	
0	F	7 <u>~</u> ≥:
		121 121
A & D CABINETS AND GRANITE, LUC		OCT - REJAR AHASS
(Name of the Limited Liability Compa	DY ax it now appears on our records a	
(A Flurida Limited I	liability Company)	3∃S 77 <b>-8</b>
The Articles of Organization for this Limited Liability Company	08/14/2015	
Florida document number L15000139341	were filed on	and assigned
		RE : 3
This amendment is submitted to amend the following:		)A
A. If amending name antenah		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDRESS)		
THE PROPERTY OF THE ASTREET 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 ad agent and/or the new registered office address because		
agent and/or the new registered office address here:	idress on our records, enter the nun	ne of the new registered
Name of New Registered Agent:		
Zame VI New Megistered Agent.	<del></del> -	
New Registered Office Address:		
	Enter Florida street address	
	و د در این داده	
<del>-</del>	, Florida	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
<u>VP</u>	PEDROSO, ANSELMO	1905 SW 15th ST #7	
		Deerfield Beach, FI, 33442	
		·	
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Effective date, if other than the date of filing:	. If amondi	ng any other information, enter change(s) here: (Attach additional sheets, if nec	ressary.)
Effective date, if other than the date of filing:  If an effective date, if other than the date of filing:  If an effective date is litted, 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)  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 is effective date, on-the Department of State's records.  The open days after the date of the open date, but not an effective time, at 12:01 a.m. on the crafter of: (b) The 90th day after the distribution.  Dated:  October 10th  2021  ALLO E. A.		<u> </u>	
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Dr. S.			ORRITATION TAIL