

L16 000029244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Trim Cabinets and Flooring 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:

Marilyn Colon-Santiago

Name of Person

Custom Trim Cabinets and Flooring LLC

Firm/Company

3720 Kissimmee Park Road

Address

St Cloud FL, 34772

City/State and Zip Code

trinity0819@yahoo.com

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

For further information concerning this matter, please call:

Marilyn Colon-Santiago at (407) 508-5634

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

Custom Trim Cabinets and Flooring 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 6/15/2016 and assigned
Florida document number L16000029244

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)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
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PR Marilyn Colon-Santiago 3720 Kissimmee Park Road
St. Cloud, FL 34772 ☐ Remove
☒ Change

MGR Juan Santiago 3720 Kissimmee PARK Road ☐ Add
St Cloud, FL 34772 ☐ Remove

☒ Change
 2023 MAY 27 AM 11:24
☐ Add
☐ Remove
☐ Change

File Name	Size	Modified	Actions
1	2	3	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
4	5	6	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
7	8	9	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
10	11	12	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
13	14	15	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
16	17	18	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
19	20	21	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
22	23	24	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
25	26	27	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
28	29	30	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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43	44	45	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
46	47	48	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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58	59	60	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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64	65	66	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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73	74	75	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
76	77	78	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
79	80	81	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
82	83	84	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
85	86	87	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
88	89	90	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
91	92	93	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
94	95	96	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
97	98	99	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
100	101	102	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Blank lines for amending information.

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TALLAHASSEE, FL

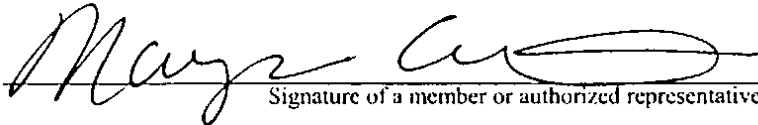
E. Effective date, if other than the date of filing: _____ (optional)

(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 11/17 2023



Signature of a member or authorized representative of a member

Marilyn Colon-Santiago

Typed or printed name of signee