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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| Kitchen Cal | binets and Granite LLC | | |
|-----------------------------|--|---|---|
| JOBJEC1, | Name of Lim | ited Liability Company | |
| | | • | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Bernard Davis | | |
| | | Name of Person | |
| | Kitchen Cabinets and Gran | iite LLC | |
| | | Firm/Company | |
| | 2002 E 5th ave suite 108 | | |
| • | | Address | |
| | Tampa, FL 33605 | | |
| | | City/State and Zip Code | |
| | nufinishfl@gmail.com | | |
| | | to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please co | all; | |
| Bernard Davis | | 813 7771480 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 enclose |

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

| Kitchen Cabinets and Granite LLC | | |
|---|--|--------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L16000060845 | ompany were filed on 03/23/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | TAL TAL |
| (Principal office address MUST BE A STREET ADDRI | ESS) | CRE LA FE |
| | | B 2 |
| | new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ress, if applicable: BE A STREET ADDRESS) Prophicable: ST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new | |
| Enter new mailing address, if applicable: | | ₹ #\% |
| | | 11S |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | 73 77 AT M |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter r tortau 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------------------------------|--------------------|--------------------------|----------------|
| MGR | Olga Konstantinova | 2002 E 5th ave suite 108 | Add |
| | | Tampa FL 33605 | Remove |
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| ote: If the da | , if other than the e is listed, the date mute inserted in this bective date on the E | olock does not r | meet the applic | cable statutory i | or more than 90 d Iling requireme | _ (optional) ays after filing.) P ents, this date wi | tursuant to 605.02 | 907 (3 as th |
| | ecifies a delaye ay after the red | | | ot an effectiv | ve time, at 1 | 2:01 a.m. or | n the earlier | of: |
| February | ^{20th} | | 2018 | | • | | | |
| | | | · / | <u> </u> | | | | |

Typed or printed name of signee