

L1600000 67257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

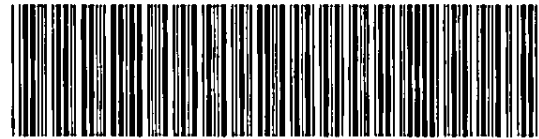
(Business Entity Name)

(Document Number)

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2019 MAY 13 PM 5:28  
CLERK OF SUPERIOR COURT  
JULIA M. HARRIS, CLERK

T GLASS

MAY 22 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUBICA GABINETE 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:

YOSVANI REYES RAMOS

\_\_\_\_\_  
Name of Person

CUBICA GABINETE LLC

\_\_\_\_\_  
Firm/Company

6810 SW 3 ST

\_\_\_\_\_  
Address

MIAMI, FL 33144

\_\_\_\_\_  
City/State and Zip Code

CUBICAGABINETES@GMAIL.COM

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

APPROVED  
AND  
FILED  
2019 MAY 13 PM 5:28  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

YOSVANI REYES RAMOS

813

817-8767

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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**

CUBICA GABINETE 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 04/05/2016 and assigned  
Florida document number L16000067257.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

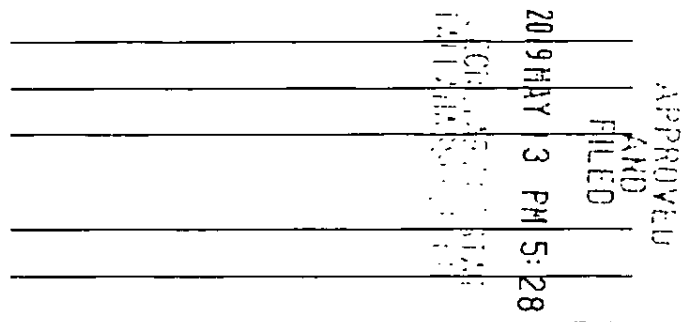
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

6810 SW 3 ST

*Enter Florida street address*

MIAMI

*City*

Florida 33144

*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>
MGR	CRUZ DE LA PERA, CELSO	5163 NW 4TH ST MIAMI, FL 33126	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED  
 AND  
 FILED  
 2019 MAR 13 PM 5:08  
 111 MIAMI

2019 MAY 18 PM 3:25  
STATION 134  
MAY 18 1900

APPROVED  
AND  
FILED

2019 MAY 18 PM 5:29

**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.

Dated 05/08/ 2019.

Signature of a member or authorized representative of a member

Yasvanti Reyes Ramos  
Typed or printed name of signee