

L16000067492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

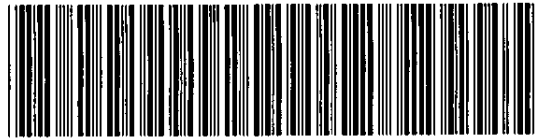
(Business Entity Name)

(Document Number)

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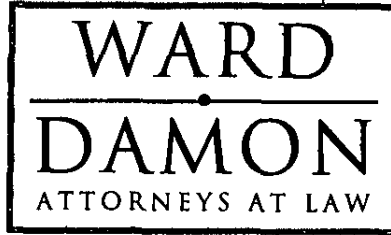


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2017 MAY 10 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 11 2017  
J. HARRIS



1200 N. Federal Highway, Suite 200  
Boca Raton, FL 33432  
Tel: (561) 210-8530/Fax: (561) 210-8301

Christopher Gagic, Esq.  
[cgagic@warddamon.com](mailto:cgagic@warddamon.com)

May 9, 2017

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: A Plus Kitchens & Bathrooms, LLC

To Whom It May Concern:

Enclosed are Articles of Amendment for the above referenced entity. The sole purpose in filing these Amended Articles is to correct the spelling of the Member/Manager's name which is shown incorrectly as "Aleksander Predolac" rather than "Aleksandar Predolac". Please note the "ar" at the end of the first name rather than an "er" as was originally submitted to the Division.

Please update the Divisions records as quickly as possible. Thank you for your attention to this matter. Do not hesitate to contact the undersigned in the event you have any questions or concerns.

Very truly yours,

A handwritten signature in black ink, appearing to be "Chris Gagic", is written over the typed name.

Christopher Gagic

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A PLUS KITCHENS & BATHROOMS, 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:

ALEKSANDAR PREDOLAC  
Name of Person

A PLUS KITCHENS & BATHROOMS, LLC  
Firm/Company

101 S. CONGRESS AVE, UNIT C  
Address

DELMAR BEACH, FL 33445  
City/State and Zip Code

APLUSKITCHENSANDBATHROOMS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEKSANDAR PREDOLAC at (561) 939-9400  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

A PLUS KITCHENS & BATHROOMS 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 4-5-2016 and assigned Florida document number L16000067492.

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)

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**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>
MGR	ALEKSANDAR PRENOLAC	101 S. CONGRESS AVE UNIT C DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Add/CORRECT SPELLING OF NAME. <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

MAY 03 2017

*Aleksandar Predolac*

Signature of a member or authorized representative of a member

ALEKSANDAR PREDOLAC

Typed or printed name of signer

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TALLAHASSEE, FLORIDA