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(City/State/Zip/Phone #)

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(Document Number)

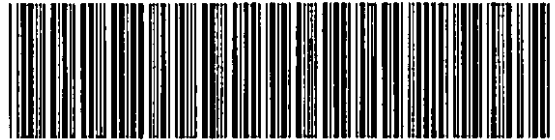
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2021 FEB 28 AM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAR - 4 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 28 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FL

February 8, 2022

EDUIN ORTIZ  
2431 SW 82ND AVE  
STE 101  
DAVOE, FL 33324

SUBJECT: BATH & KITCHEN REMODELATION LLC  
Ref. Number: L16000222822

We have received your document for BATH & KITCHEN REMODELATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 722A00003111

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BATH & KITCHEN REMODELATION 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:

EDUIN ORTIZ

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

BATH & KITCHEN REMODELATION LLC

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

2431 SW 82ND AVE STE 101

\_\_\_\_\_  
Address

DAVIE FLORIDA 33324

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

B.KITCHEN.LLC77@GMAIL.COM

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

For further information concerning this matter, please call:

EDUIN ORTIZ

754 703-0777  
at ( )

\_\_\_\_\_  
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

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

**FILED**

2021 FEB 28 AM 7:07

BATH & KITCHEN REMODELATION LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/08/2016 and assigned  
Florida document number L16000222822.

This amendment is submitted to amend the following:

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

BATH & KITCHEN REMODELING LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

*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**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

11:45 AM

EDUIN ORTIZ

Typed or printed name of signee

**Filing Fee: \$25.00**