## L170000 17852

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section of Corp.			
SUBJECT: Fresh	Coat Pressure C Name of Limit	leaning LLC led Liability Company	<del></del>
The enclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Naresh Gane	Name of Person	<del></del>
		Firm/Company	
	1188 NW 40th	Ave Ap+ 204	
	Lauderhill, FL 3	City/State and Zip Code	<del> </del>
		Orm Obe used for future annual report notif	
For further information co	ncerning this matter, please ca		
Name of	Person	at (454 ) 584 · 26 Area Code Daytime	88 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Lout Pressure (	-leuning LLC
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L17000015852</u>	Company were filed on Ol/18/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin  All About Cabinety & More The new name must be distinguishable and contain the words "Lin	nited liability company here:  L  nited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address Florida
<del></del>	City Sip.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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00