

L17000043810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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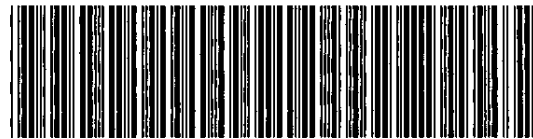
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 29 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FC CABINET AND MORE 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:

PRITHI DASWANI

Name of Person

PRITHI DASWANI CPA PL

Firm/Company

6735 CONROY ROAD, SUITE 315

Address

ORLANDO, FLORIDA 32835

City/State and Zip Code

PRITHID@CPA.COM

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

For further information concerning this matter, please call:

PRITHI DASWANI CPA PL

407 218-5921

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 28 PM 12:05

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FC CABINET AND MORE 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 02/23/2017 and assigned
Florida document number L17000043810.

This amendment is submitted to amend the following:

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

FC CABINETS AND MORE 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:

(Principal office address MUST BE A STREET ADDRESS)

663 E HIGHWAY 50

CLERMONT, FLORIDA 34711

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:

Enter Florida street address

City

Florida

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>
MBR	FERNANDO A CAMPITELI	7137 ALTIS WAY, 1-217	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DANIEL J NIERI	7137 ALTIS WAY, 1-217	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 2017 MAR 28 PM 12:05
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE MAKE THE FOLLOWING AMMENDMENTS:

1) CHANGE THE CURRENT BUSINESS NAME TO FC CABINETS AND MORE LLC.

WE ADDED AN "S" AFTER THE WORD "CABINET"

2) CHANGE THE TITLE OF BOTH EXISTING MANAGERS TO MEMBERS

3) CHANGE THE PRINCIPAL OFFICE ADDRESS TO:

663 E HIGHWAY 50

CLERMONT, FLORIDA 34711

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TALLAHASSEE, FLORIDA

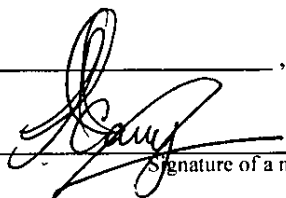
E. Effective date, if other than the date of filing: _____ (optional)

(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 MARCH 23, 2017



Signature of a member or authorized representative of a member

FERNANDO A CAMPITELI

Typed or printed name of signee