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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040

Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NANAJULS CABINETS LLC

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K. SALY

COVER LETTER

TO:	Registration S- Division of Cor			
SUBJE		LS CABINETS LLC		
3000		Name of Lin	nited Liability Company	
The end	closed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		٠.	JOSE M. LOPEZ	
			Name of Person	
		· N	IANAJULS CABINETS LLC	
			Firm/Company	
			608 BITTERN COURT	
			Address	
			KISSIMMEE, FL 34759	
			City/State and Zip Code	
		12 (1 (1 (1	julienanajl@gmail.com to be used for future annual report noti	East -
For furt	her information o	concerning this matter, please c	•	ncacon)
JOSE N	M. LOPEZ		407 4318880 at()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$2 5	.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

	FIL	ED	
2017	APR_{II}		
ALLA	EJARY O YASSEE,	AM 8: L	17
is.)	TASSEE,	ELORIO.	

	"ALLAHACET OF CE.
NANAJULS CABINI	
(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000047388	were filed on 02/28/2017 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable;	608 BITTERN COURT
Principal office address MUST BE A STREET ADDRESS)	KISSIMMBE, FL 34759
	·
inter new mailing address, if applicable:	608 BITTERN COURT
Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34759
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City" 7in 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>	Name	Address	Type of Action
MGR	SIMEA REBA KAYE KIRKLANI	608 BITTERN COURT	= Add
•		KISSIMMEE, FL 34759	_ □ Remove
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