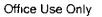
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(Requestor's Name)					
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TALLAHASSELHE

,ci , 2019

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT		ABINETS INSTALLATION, LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	irn all correspo	ondence concerning this matter	to the following:		
		ARMANDO DEL PINO			
			Name of Person		
			Firm/Company		
		3541 NW 100TH ST			
			Address		
		MIAMI, FL 33172			
		MIKELMANDI@GMAIL.	City/State and Zip Code COM		
		E-mail address: (to be used for future annual report not	ification)	
For further	information c	oncerning this matter, please c	all:		
ARMANL	OO DEL PINO	•	786 343-0381		
	Name o	f Person		e Telephone Number	
Enclosed is	s a check for th	ne 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	
	Registr	ING ADDRESS: ation Section in of Corporations	STREET/COURI Registration Section Division of Corporation	on	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & M CABINETS INSTALLATION, 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 05/31/2017 and as: Florida document number L17000119288 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agen

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Туре
MGR	MAIKEL DEL PINO FUENTES	3541 NW 100TH ST MIAMI, FL 33147	■ Ac
			Ch
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			Ad-
		-	Ren
			Char
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			D Chan
			DAdd
			□ Remo
			Chang

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
O9/21/2019 E. Effective date, if other than the date of filing:	t to : be l
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	ea
Dated 09-23-2019	
Signature of a member or authorized representative of a member	
ARMANDO DEL PINO Typed or printed name of signee	
Types or printes name or signee	

Page 3 of 3

Filing Fee: \$25.00