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DIVISION OF CORPORATIONS

O SIMMONS  
AUG 11 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CARLOS ALVARADO COUNTERTOPS, 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:

MIKE MARQUEZ

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

MAR/KIS INSURANCE AGENCY, INC.

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

2228 9TH STREET W

\_\_\_\_\_  
Address

BRADENTON, FL 34205

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

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

For further information concerning this matter, please call:

ADA NIOMARA ZUNIGA MARTINEZ

941

580-4989

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CARLOS ALVARADO COUNTERTOPS, 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 08/01/2017 and assigned  
Florida document number 1.17000164010.

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.L.C."

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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MAR/KIS INSURANCE AGENCY, INC.

New Registered Office Address:

2228 9TH STREET W

*Enter Florida street address*

BRADENTON

*City*

Florida 34205

*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

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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>
MGR	CARLOS A ALVARADO BORJA	1723 32ND AVE E	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADA X ZUNIGA MARTINEZ	1723 32ND AVE E	<input type="checkbox"/> Add
		BRADENTON, FL 34208	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Division of Social Services  
New York State Department of Social Services  
Albany, New York 12242-0001  
Tel: 518/473-3200  
Fax: 518/473-3201  
www.dss.ny.gov

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DIVISION OF ADMINISTRATION

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**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.

Dated AUGUST 3RD 2017

Signature of a member or auth

Signature of a member or authorized representative of a member

ADA X ZUNIGA MARTINEZ

Typed or printed name of signee