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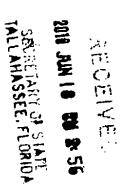
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Sec Division of Corp						
4930 1120		KITCHEN'S & BATH LLC					
SUBJEC	.1;	Name of Limited Liability Company					
		Amendment and fee(s) are sub-					
Please re	turn all correspor	ndence concerning this matter	to the following:				
		JOSE M LOPEZ, JR					
			Name of Person				
		ONE STOP BUILDERS L	LC				
			Firm/Company				
		5640 JACK BRACK RD	·				
		ST CLOUD, FL 34771					
			City/State and Zip Code				
		E-mail address (to be used for future annual report noti	fication)			
For furth	er information co	oncerning this matter, please co	all:				
JOSE M	LOPEZ, JR		407 267-8005 at ()				
_	Name of	Person		e Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	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

PRESTIGE KITCHEN'S & BATH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Flonda Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/25/2017}{1}$ and assigned Florida document number L17000198706 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ONE STOP BUILDERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the same registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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>	Type of Action
	N/A	N/A	
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			☐ Change

N/A	
	
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tive date, if other than the date of filing:	(optional)
Medive date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to call the statutory filing requirements, this date will not be 1
ment's effective date on the Department of State's records	
cord specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the ear
e 90th day after the record is filed.	
JUNE 12 2018	
	> ₩//
Signature of a member of auth	orized rebresentative of a member

Page 3 of 3

Filing Fee: \$25.00