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COVER LETTER

TO:

TO: Registration Division of	n Section Corporations				
MAHO Surtect:	GANY CABINETRY LLC				
SUBJECT.	Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	NIVALDO DAROS JUN	IOR			
		Name of Person			
	MAHOGANY CABINET	TRY LLC			
	<u></u>	Firm/Company	····		
	2459 QUANTUM BLVD				
		Address			
	BOYNTON BEACH, FL	33426			
	·	City/State and Zip Code	T 1 Tells		
	Junior.daros@gmail.com				
		(to be used for future annual report noti	fication)		
For further informatic	on concerning this matter, please c	rall:			
NIVALDO DAROS .	UNIOR	954 326-3593 at ()			
Nan	ne of Person		e Telephone Number		
Enclosed is a check fe	or 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)		
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor			
P.O. Box 6		The Centre of T	allahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHOGANY CABINETRY LLC

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If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LUIC TARY OF STATE
TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{10/05/2017}{10}$ and assigned Florida document number 117000206566 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 "LLC." 2459 QUANTUM BLVD Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOYNTON BEACH, FL 33426 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 _. Florida ₋ City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GABRIELA DAROS	2459 QUANTUM BLVD	≣ Add
		BOYNTON BEACH, FL 33426	□Remove
			□Change
			□Add
			□Remove
			□ Change
			
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ctive date, if other than	the date of filing:		(optional)
			90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
	is block does not meet the appri- ne Department of State's record		ements, this date will not be listed a
cord specifies a delayed effe	ective date, but not an effective	time, at 12:01 a.m. on the e	earlier of: (b) The 90th day after the
filed.			
n			
ed October 15	2021		
	}		
N King	/		
		thorized representative of a me	

Typed or printed name of signee