

L1800000 13200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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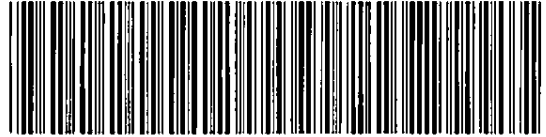
(Business Entity Name)

(Document Number)

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4-24-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kitchen & Bath Boutique 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:

Salvador Lairer

Name of Person

Firm/Company

3350 SW 27th Avenue, Ste 1002

Address

Miami Florida 33133

City/State and Zip Code

kitchenbathboutique18@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Salvador Lairer

305 8151816
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Kitchen & Bath Boutique 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 03/21/2018 and assigned
Florida document number 1.18000073200

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:

3390 Mary St, Coconut Grove FL 33133

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3390 Mary St, Coconut Grove FL 33133

(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:

Salvador Lairer

New Registered Office Address:

3390 Mary St

Enter Florida street address

Coconut Grove

Florida

33133

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Honey-Do Home Improvement LLC	6251 Park Blvd N Ste 3	<input type="checkbox"/> Add
		Pinellas Park FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JM Granite & More LLC	6251 Park Blvd N Ste 3	<input type="checkbox"/> Add
		Pinellas Park FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maghis Gonzalez	6251 Park Blvd N Ste 3	<input type="checkbox"/> Add
		Pinellas Park FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leon Marquez	13205 Sw 9th TER	<input type="checkbox"/> Add
		Miami FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Salvador Laires	3390 Mary St	<input checked="" type="checkbox"/> Add
		Coconut Grove FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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 March 6th 2025.

~~Salut. A. H. 16~~

Salvador Lauret

Typed or printed name of signee

Filing Fee: \$25.00