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## **COVER LETTER**

TO: Registration Se Division of Co					
	Granite & Cabinet Kitchens, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Frank Ortiz				
		Name of Person			
		Firm/Company			
	1105 Toluke Pt.				
		Address			
	Orlando, Fl. 32828				
	usenterprise2013@gmail.co	City/State and Zip Code om			
Continues in the continue	E-mail address: (concerning this matter, please c	to be used for future annual report no	(dication)		
Damaris Estela	concerning this matter, piease c	321- 663-4949			
Name	of Person	at ()	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 63	27	The Centre of			
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Granite & Cabinet Kitchens, LLC.			
(Name of the Limit	led Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L. Florida document number $\frac{82-4958621 - 188}{2}$	iability Company were filed o	March 23, 2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u> $\mathrm{N}_{\ell}\mathrm{A}$	-		31VISITE
The new name must be distinguishable and contain the v	vords "Limited Liability Company."	the designation "LLC" or the abbrev	iution "No Constant
Enter new principal offices address, if applic (Principal office address MUST BE A STREE			FP 1897
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	Damaris M. Estela		
New Registered Office Address:	1105 Toluke Pt		
		er Florida sireet address	
	Orlando	, Florida	
	Cay		Zıp 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. Thereby 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>	Address	Type of Action
MGR	Damaris M. Estela	1235 Isadore Dr. orlando, Fl. 32825	🗖 Add
			□Remove
			□ Change
			□Add
			□Remove
			DAdd
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
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			□Remove
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If an el Note:	tive date, if other than the date of filing: 02 - 02 - 2020 (optional) dective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	February z 2020 MILIE
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00