Division of Corporations

Florida Department of State Division of Continue Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000187789 3)))



H2200018778934BCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

-: (850)617-6383

From;

23

PH 12:

2022 HAT 2.7

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number :

: (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address

Junianotizgonzaloz@galnoo.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1&Y CABINETS DESIGNS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

HAY 27 PH 2: 18

Electronic Filing Menu

Corporate Filing Menu

Help

				COVER LETTER
TO:		ration Section of Corpo		
Arim rr		Y CABINE	ETS DESIGNS I	LC
SUBJE	cci: _			Name of Limited Liability Company
	,	;		
The cn	: closed A	rticles of Ar	nondment and fe	e(s) are submitted for filing.
Plcase	return al	correspond	ence concerning	this matter to the following:
		,	JUNIANSTIE	
		;		Name of Person
		:	J&Y CABINE	s designs llc
		,		Firm/Company
		!	2232 VIRGINI	A DR
		:		Address
			KISSIMMEE,	FL 34741
		ļ: ·		City/State and Zip Code
				ONZALEZ@YAHOO.COM sil address: (to be used for future annual report notification)
^	.1 . 6			
			cerning this matt	
JUNIA	NSTIE (GONZALEZ L		407 952-7740 at ()
		Name of P	erson	Area Code Daytime Telephone Number
Enclos	ed is a ci	eck for the	following amour	nt:
■ \$2	5.00 Fili	ng Fee	S30.00 Filing Certificate	
	Regis Divis P.O.	e Address: fration Se ion of Cor Box 6327 hassee, FL	porations	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

J&Y CABINI	E 19 DESIGNS FEC		
-	(Name of the Limited Liability (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)
ļ.			
The Articles of Organization	on for this Limited Liability C	Company were filed on $\frac{06/18/201}{1}$	and assigned
Florida document number	L18000149319		
ľ	Į.		
This amendment is submit	ted to amend the following:		
A. If amending name, en	ter the new name of the lim	ited liability company here:	
JUNIORS INNER RENOVA			
The new name must be distingu	ishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
} .			
	es address, if applicable:		
(Principal office address)	MUST BE A STREET ADDI	<u> </u>	
- -			
(<u>:</u>			
Enter new mailing addre	ess, if applicable:		
	E A POST OFFICE BOX)		,
INGRITING GRACIES THAT DE	37		
			
D. If amonding the regis	tered agent and/or registers	ed office address on our record	s, enter the name of the new registered
agent and/or the new res	sistered office address here:		202
			- 22
Name of New R	enistered Agent:		
-			FIL 27
New Registered	Office Address:	Enter Florida str	reet address T P 500
:			N
i i		City	Florida Zy Code
; ;		•	3
New Registered Agent's S	ignature, if changing Register	ed Agent:	The standard against with the
I hereby accept the appo	ointment as registered agen	t and agree to act in this capa	city. I further agree to comply with the
, site	from monition he registered	agont as provided for in Uniup	luties, and I am familiar with and ter 605, F.S. Or, if this document is
uccept the obligations of haira filed to merely re-	flect a change in the registe	red office address, I hereby co	mfirm that the limited liability
company has been notif	led in writing of this change	€.	
[;			·
<u> </u> :		Yf Changing Pagistured Agent S	Signature of New Registered Agent

_____ Change

MGR = N	Annager		
AMBR = A	Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
··-·	· · · · · · · · · · · · · · · · · · ·		□Add
ı			□Remove
'			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Change
			□Add
	1		□Remove
			☐ Change
			□Add
			□Remove

	, ` `	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	,	
	· · · · · · · · · · · · · · · · · · ·	
	<u>'</u>	·
		
	: 1	
	<u> </u>	
•		
-	· · · · · · · · · · · · · · · · · · ·	
	,	
-		
-		
Efect!	ve date, if other than the d	ate of filling: (optional)
arcct)	ective date is listed, the date must be	ne spraific and connect he eries to date of Eliza on more than 0.0 I
an eff		R UUCS DVI HICCI HIC IDDDCSDIE SIGDMARY IDDAY FACILIEARDARIA ERIA Jaka aan 11 - 12 - 12 - 13 - 14 - 15 - 17 - 17 - 17 - 17 - 17 - 17 - 17
an em <u>'ote:</u>	ent's effective date on the Department	artifient of State's records.
an em Inte:	ent's effective date on the Depa	artment of State's records.
an em lote: ocum	d specifies a delayed effective d	armen of state 5 feedfus.
an em lote: ocum	d specifies a delayed effective d	articlent of State's records. late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
an effi inte: ocum record is file	d specifies a delayed effective d	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
an efficience: ocum record l is file	d specifies a delayed effective d	armen of state 5 feedfus.
an efficience: ocum record l is file	d specifies a delayed effective ded. MAY 27	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
an efficience ocume record I is file	d specifies a delayed effective ded. MAY 27	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the , 2022
an effection of the second record	d specifies a delayed effective ded. MAY 27	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the