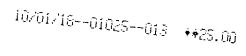
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(Requestor's Name)
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COVER LETTER

	distration Section Section of Corp							
eub incer.		Counter's by Sarah LLC						
Name of Limited Liability Company								
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return	all correspoi	ndence concerning this matter	to the following:					
		Sarah Jones						
		Cabinet's n Counter's by Sa	Name of Person	<u> </u>				
		PO Box 121	Firm/Company					
		Tarpon Springs FL 34688	Address					
		scheduling@justcleanmyme	City/State and Zip Code					
		E-mail address: (to be used for future annual report	notification)				
For further in	nformation co	oncerning this matter, please ca	all:					
Sarah Jones			727 460-142- at ()					
	Name of	Person	Ārea Code Da	ytime Telephone Number				
Enclosed is a	a check for th	e following amount:						
\$25.00 F	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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cabinet's n Counter's By Sarah LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fi	led on 9-12-2018 and assigned
lorida document number L18000217326	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	mpany here:
ne new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	A.S. 18
Principal office address MUST BE A STREET ADDRESS)	
	1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> ည်း ယွ</u> ကြွင်း ထွ
·	
. If amending the registered agent and/or registered office acegistered agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, enter the name of the
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida
Cit	y 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>	Type of Action
MGR	Sarah Jones	2141 Harrison Dr. Holiday FL 34691	
			■ Add
			☐ Remove
			☐ Change
			☐ Remove
			C Change
			n Nada Tr
			□-Remove
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			Change

		
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional)	nt to 605 0207
ote: If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records.	story filing requirements, this date will not	be listed as
oranical decision of the property of the prope		
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the	earlier o
ated 9/2018.		
' V		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee