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(Re	questor's Name)	
	dress)	
———(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Amendice

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COVER LETTER

	tchen & Bath, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Cynthia J. Wilson Orndof	ſ				
Name of Person						
	Cindy's Kitchen & Bath, LLC					
	Firm/Company					
	8595 College Parkway; Suite 350					
	Address					
	Fort Myers, FL 33919 City/State and Zip Code					
					cindyorndoff@gmail.com	
			to be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please c	all:				
Cynthia J. Wilson Orndo	off	239 989-7229 at ()				
Name o	f Person		Telephone Number			
Enclosed is a check for the	he 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:

1

TO:

Registration Section
Division of Corporations

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cindy's Kitchen & Bath, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L18000282267</u>	npany were filed on December 7, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
	Pil
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register- registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	emer e toriga street adaress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Steven J. Stinson		
		8595 College Parkway; Suite 350 Fort Myers, FL 33919	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
		 	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			□ Change

	<u> </u>
•	
`an ci <u>lote:</u>	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
ated	September 10, 2019
	Tothial Willow Derloll
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00