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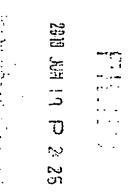
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### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Adds Costs Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Edlili	Name of Person
<del></del>	Firm/Company
9104	thomas Blud vante.
Boca	Auton 7-6 33433. City/State and Zip Code
GADOSCUS E-mail addre	Ses: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Person	at (561) 635-1364 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Andes Custom Cabinetry LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2月月 月日 日本 and assigned The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/04/2019}{1}$ Florida document number L19000093968 ا المدينة الشريخ المخدومة 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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 agrée to comply with 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 the 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actic
MGR Emiliano S Arca	8104 Thames Blvd Unit C Boca Raton FL 33433	Add	
			□ Remove
	Emiliano S Arcaca		□ Change
P			Add
			Remove
			□ Change
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			Add
		□ Remove	
			Change

04/04/2019
E. Effective date, if other than the date of filing: (optional)
(If an effective 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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
b) The 90th day after the record is filed.
, 06/04/2019
Dated
Signature of a member or authorized representative of a member
Emiliano S Arca
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00