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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			₹	
C110 II		CABINETS INSTALLATION	:.0		
SUBJECT:Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JORGE TOLEDO MART	INEZ		
			Name of Person		
		TOLEDO CABINETS IN	STALLATION LLC		
			Firm/Company		
		3130 W LAMBRIGHT ST	F APT 811		
		* ***-	Address		
		TAMPA FL 33614			
			City/State and Zip Code		
		jorgetoledomartinez11@gn	nail.com to be used for future annual report noti	Eurzian)	
Line Gre	thus internation o	oncerning this matter, please e	·	ilcation)	
t Or Ittl	mer unormanon e	oncerning ons matter, prease c	an.		
		813 369-9295 at ()			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	ne following amount:			
≡ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

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TOLEDO CABINETS INSTALLATION LLC

(Name of the Limited Liability Company as it now appears on our records:)

	A.U.52001	a
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number 1.19000102913		
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 I	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	, enter the name of the new regis
section and or the new registered write actives here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	rt address
		, Florida Zip Gode
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

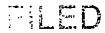
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	Address 2023 NOV -9 PM 3- 54	Type of Action
MGR	ROBERT TOLEDO MARTINEZ	3130 W LAMBRIGHT ST APT SITE	≡ Add
		TAMPA FI. 33614 10%	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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		SECALIARY OF GIATE TALL 4146SEE, FL	
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	- uocs not incer the applicable s	(optional) of filing or more than 90 days after filing.) Pursuant to attutory filing requirements, this date will not be	605.0207 (3 listed as the
e record specifies a delayed effective dord is filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated NOVEMBER 3 RD	2020		
	nature of a member or authorized a	enginatriya Afa ayyılı	_

Filing Fee: \$25.00