

L19000 151958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

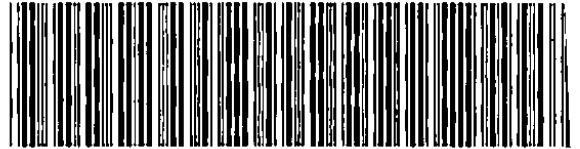
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700331380777

07/01/19--01024--008 \*\*25.1

2019 JUL -1 AM 10:30  
RECEIVED

JUL 12 2019  
JUL 12 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APPENIN CABINETS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENAN RODRIGUES

Name of Person

CSG - CAPITAL SERVICES GROUP INC

Firm/Company

6735 CONROY RD UNIT 305

Address

ORLANDO, FL 32835

City/State and Zip Code

RENAN@THEWAYGROUP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENAN RODRIGUES

407

770-5776

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

\_\_\_\_\_ and assi

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**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  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Civ

## Florida

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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>               | <u>Address</u>          | <u>Type of</u>                            |
|--------------|---------------------------|-------------------------|---|
| AMBR         | THALITA BERTO DE OLIVEIRA | 6154 CYPRESS HILL RD    | <input type="checkbox"/> Add              |
|              |                           | WINTER GARDEN, FL 34787 | <input checked="" type="checkbox"/> Remov |
|              |                           |                         | <input type="checkbox"/> Chang            |
|              |                           |                         | <input type="checkbox"/> Add              |
|              |                           |                         | <input type="checkbox"/> Remov            |
|              |                           |                         | <input type="checkbox"/> Change           |
|              |                           |                         | <input type="checkbox"/> Add              |
|              |                           |                         | <input type="checkbox"/> Remove           |
|              |                           |                         | <input type="checkbox"/> Change           |
|              |                           |                         | <input type="checkbox"/> Add              |
|              |                           |                         | <input type="checkbox"/> Remove           |
|              |                           |                         | <input type="checkbox"/> Change           |
|              |                           |                         | <input type="checkbox"/> Add              |
|              |                           |                         | <input type="checkbox"/> Remove           |
|              |                           |                         | <input type="checkbox"/> Change           |
|              |                           |                         | <input type="checkbox"/> Add              |
|              |                           |                         | <input type="checkbox"/> Remove           |
|              |                           |                         | <input type="checkbox"/> Change           |

Blank lined area for document content.

**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 605.02C  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of  
(b) The 90th day after the record is filed.

Dated 06/27/2019

Marcos  
Signature of a member or authorized representative of a member

MARCOS REZENDE  
Typed or printed name of signee