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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
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 $\{ x_i \}_{i=0}^{\infty} = \frac{1}{4} \left(\frac{1}{2} - \frac{1}{2} Q_{A_i} \left(x_i \right) + \frac{1}{2} \frac{1}{4} - \frac{1}{2} R_{A_i} \right)$

Amend/Mame

DCT 0.8 2019

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SKY KHChen Cabinets, UC. 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:
Venice Scope o Perez
SKy Kitchen Cabinets, Ic.
425 NW79th DRIVE
Camesyll FL 32607 City/State and Zip Code Ven W 222 a a local Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Sicollo Perez at (352) 226-1102 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ocean Bu	is lines, U.C.
(<u>Name of the Limited Lia</u> (A Fle	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L1900018</u> 29	
This amendment is submitted to amend the following	;;
A. If amending name, enter the new name of the I	Limited liability company here: 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 AD	425 NW 79th DRIVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	Venice Socorro Perez
New Registered Office Address:	Enter Florida street address
	GAINESVILL Florida 32607 Zip Code
New Registered Agent's Signature, if changing Regist	ered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Yencel Socoepo Perez	425nw79+n Drive, barrevi	1(L) Add 260-7
			Remove
0	1000		Change
<u>VP</u>	Jennifér Socoreo Ferrez	425 NW 79th Drive Gainesv P- 320	Me DYAdd
			□ Remove
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(If an eff	ive date, if other than the date of filing:
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00