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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2023 SEP 15 PM 12:54
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKY CABINETS GALAXY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKV CABINETS GALAXY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JOSE MANUEL LOPEZ
Name of Person
SKV CABINETS GALAXY LLC
Firm/Company
122 CLAIRMAR CIR
Address
DAVENPORT, FL 33837
City/State and Zip Code
JULIENANA.JL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

JOSE MANUEL LOPEZ 321 417-9383
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 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

SKV CABINETS GALAXY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/21/2019 and assigned
Florida document number L19000214143

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: 122 CLAIRMAR CIR
(Principal office address MUST BE A STREET ADDRESS) DAVENPORT, FL 33837

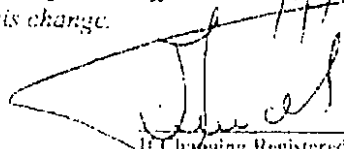
Enter new mailing address, if applicable: 122 CLAIRMAR CIR
(Mailing address MAY BE A POST OFFICE BOX) DAVENPORT, FL 33837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JOSE MANUEL LOPEZ
New Registered Office Address: 122 CLAIRMAR CIR
Enter Florida street address
DAVENPORT, Florida 33837
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>	<u>Address</u>	<u>Type of Action</u>
MGR	LOPEZ, JOSE MANUEL	122 CLAIRMAR CIR	☐ Add
		DAVENPORT, FL 33837	☐ Remove
			☒ Change
MGR	LOPEZ LEMUS, ESTHER N	122 CLAIRMAR CIR	☐ Add
		DAVENPORT, FL 33837	☐ Remove
			☒ Change
MGR	LOPEZ LEMUS, ELIAS J.	122 CLAIRMAR CIR	☒ Add
		DAVENPORT, FL 33837	☐ Remove
			☐ Change
MGR	SKVRNA, CARMEN J	1541 CRESTRIDGE DR	☐ Add
		KISSIMEE, FL 34746	☒ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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Type of printed name of signer

Filing Fee: \$25.00