L19000233233

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

Office Use Only



600357489166

01/11/21--01029--014 **30.00

2021 JAN 11 PH 2: 16 SECKETARY OF STATE

2/18/21 Cen

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	Cabinets Solution LLC	• /	₹ -4	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mark V. Smith			
		Name of Person		
	Affordable Cabinets Soluti	on LLC		
		Firm/Company		
	8316 Red Spruce Ave			
		Address		
	Riverview, FL 33578			
	marksmith@affordablecabi	City/State and Zip Code		
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Mark V. Smith		813 407-8350 at ()		
Name o	f Person		me Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 IN. MODE	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [] [] [] OF

2021 JAH 11 PM 2: 16

AFFORDABLE CABINETS SOLUTION LLC

(Name of the Limited Liability Company as it now appears to boilt records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number $\frac{L19000233233}{L19000233233}$ 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Maria I. Smith	8316 Red Spruce Ave	
		Riverview, FL 33578	□Remove
		·-	□Change
			□Add
			□Remove
			Change
		-	
			□Remove
			Change
	· · ·		
			□Remove
			□Change
			□Add
		 	Remove
			☐ Change
			□Add
			□Remove
			□ Change

Note:	tive date, if other than the date of filing:
he reco ord is f	ord 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 filed.
Dated	Mark V. Smith
	// /and V. Jim 1/3/2021
	Signature of a member or authorized representative of a member