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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bay Area Cabinetry Relacing 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:	
Eduardo Soto Name of Person	
Bay Frea Cabinetry Retacing	
14906 Livingston Ave-	
Lutz, FL 33559	
City/State and Zip Code  Bay Area Cabinetry Retacing @ (7mail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jose Santiago at (813) 364-3533  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee	

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

Bay Area Cabinetry	Refacina LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our recording ted Liability Company)	<u>s.)</u>
The Articles of Organization for this Limited Liability Con Florida document number <u>£.19000371189</u>	mpany were filed on <u>10–30–2</u>	
Florida document number <u>L4 1000 &amp; F1/8 1</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u> </u>	2020
	·	JA 173
		2
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
- <del></del>		
		LL C
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
Number of OCC - Add		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
<del></del>	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 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	Type of Action
AMBR	José Santiaga	14906 Livingston Ave.	□Add
		Lut 2, FL 33559	(TRemove
			□Change
AMBR Edu	Eduardo Soto	14906 Livingston Ave Lutz, FL 33559	tdAdd
		Lutz, FL 33559	□Remove
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(If an effe Note:	re date, if other than the date of filing:
f 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 d.
Dated <u>:</u>	Jonuary 17th 2020  Signature of a member or authorized representative of a member
	Eduardo So to Typed or printed name of signee

Filing Fee: \$25.00