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COVER LETTER

TO:

	Registration Se Division of Co					
eun ira	*****	KITCHEN GALLERY LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		ERIC DORMOY				
			Name of Person			
		FLORIDA KITCHEN GA	LLERY LLC			
			Firm/Company	 		
		6750 SW 102 TERRACE	Ē			
			Address			
		PINECREAST FLORIDA	A 33156			
			City/State and Zip Code	···		
		EDORMOY@OUTLOOK	.COM to be used for future annual report no	titiontian		
For furth	er information c	concerning this matter, please co		(Hicatou)		
ERIC D	ORMOY		786 210 7388			
	Name c	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed	l is a check for t	he following amount:				
1 4 \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		<u>Street Address:</u> Registration So	ection		
Division of Corporations		Division of Co	orporations			
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oc Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA KITCHEN GALLERY LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.20000014931}{1.20000014931}$.	any were filed on January 8, 2020	and assigned
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 I.	iability 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	<u> </u>	
	_	
		1291
Enter new mailing address, if applicable:		120 FEB
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Mulling underst DEAT DEATONT OFFICE DOX)	,- <u>-</u> -	P}
B. If amending the registered agent and/or registered off	ice address on our records, enter the na	್. me of the new registere
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	141
Name of New Registered Agent:		
Marchael Office Adlesse		
New Registered Office Address:	Enter Florida street address	······································
	, Florida	
·	Cuy	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, <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>	Address	Type of Action
MGR	PINIERO, JOEL	3995 NW 79 AVENUE DORAL FL 33122	□Add
			≣Remove
			□Change
MGR	PINEIRO, JOEL	3395 NW 79 AVENUE DORAL FL 33122	≣ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Note	effective date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	fEBRUARY 7, 2020
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memori
	ERIC DORMOY

Filing Fee: \$25.00