

Florida Department of State
Division of Corporations
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L2000042479

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To:

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

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC
Account Number : I20170000075
Phone : (407)381-6137
Fax Number : (407)381-2307

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

Email Address: maryluz@sp tax fl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AFP CABINETS AND GRANITE LLC**

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AND
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2022 APR 27 AM 11:12
TALLAHASSEE, FLORIDA

COVER LETTER

H 22 000 152 7843

TO: Registration Section
Division of Corporations

SUBJECT: AFP CABINETS AND GRANITE LLC

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:

WALSIN ROMERO

Name of Person

AFP CABINETS AND GRANITE LLC

Firm/Company

601 N 39th ST.

Address

FORT PIERCE, FL. 34947

City/State and Zip Code

maryluz@sptaxfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALSIN ROMERO

at (786) 547-2767

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

H 22 000 152 7843

ARTICLES OF AMENDMENT *H 220001527843*
TO
ARTICLES OF ORGANIZATION
OF

AFP CABINETS AND GRANITE LLC

(Name 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 02/05/2020 and assigned
Florida document number L20000042479.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

601 N 39th ST.

(Principal office address MUST BE A STREET ADDRESS)

FORT PIERCE, FL. 34947

Enter new mailing address, if applicable:

601 N 39th ST.

(Mailing address MAY BE A POST OFFICE BOX)

FORT PIERCE, FL. 34947

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:

N/A

New Registered Office Address:

601 N 39th ST.

Enter Florida street address

FORT PIERCE

City

, Florida 34947

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

H 220001527843

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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