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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Limi	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:			
	WAJIH HAMCHOU				
		Name of Person			
	KITCHEN DESING AND	GENERAL CARPENTRY USA,	LLC		
	1,00	Firm/Company			
	2558 NOUVEAU WAY				
		Address	<u> </u>		
	KISSIMMEE, FL 34741				
		City/State and Zip Code			
	wajihamehou@gmail.com				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please of	all:			
WAJIH HAMCHOU		305 713-4326			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section			Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KITCHEN DESING AND GENERAL CARPENTRY U		<del></del>
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records. ability Company)	)
The Articles of Organization for this Limited Liability Company w	vere filed on 05/18/2020	and assigned
Florida document number L20000132336		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KITCHEN DESIGN AND GENERAL CARPENTRY USA, LLC		
The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		702)
Principal office address MUST BE A STREET ADDRESS)		
		<del> </del>
		= ' _
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
_ <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>	<u>Address</u>	Type of Action
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			□Add
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an effective date is listed, the date must be ote: If the date inserted in this block	e specific and cam	not be prior to d	ate of tiling or mor	e man 90 days ane	r itimg.) rutsuaiti tu	605.0207 ( listed as t
becoment's effective date on the Department			2			
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