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CUDIE	SQ CLOSE	ETS, CABINETS & MORE LI		
SUBJEC	, I; <u></u>	Name of Lin	nited Liability Company	
Name of Limited Liability Company SQ CLOSETS. CABINETS & MORE 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: NANCY E. QUINTERO				
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		NANCY E. QUINTERO		
		-	Name of Person	
		SQ CLOSETS, CABINET	'S & MORE LLC	
			Firm/Company	
		7621 SUTHERTON LAN	Е	
		<u> </u>	Address	
		WINDERMERE, FL 347	86	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
NANCY	E. QUINTERO		407 533-1688	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	Tallahassee, I	- L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		on 9.14.202	O and assigned
Florida document number <u>120000</u>	\$ 6.59C		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company."	"the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on	our records, enter the nai	EC
Name of New Registered Agent: New Registered Office Address:	Manuel N. S. Ent. Ent. City	CAMANCA CONTENT ON LONG OF THE PROVIDE AND	7 505 349 84 Zip Code
New Pegistered 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 of hyreby 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, 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
MGR	MANUEL N. SALAMANCA CAMPOS	7621 SUTHERTON LANE, WINDERMERE, FL 3	47 8 6 ≣Add
			□ Remove
			Change
AMBR	MANUEL N. SALAMANCA CAMPOS	7621 SUTHERTON LANE, WINDERMERE, FL 3	4786 ■ Add
			CRemove
			
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reffective date is liste te: If the date inser	ner than the date of filing d, the date must be specific and rted in this block does not m date on the Department of St	cannot be prior to date of feet the applicable statut	iling or more than 90 days af	tional) er filing.) Pursuant to 605.02(his date will not be listed a
cord specifies a del s filed.	layed effective date, but not a	an effective time, at 12:	01 a.m. on the earlier of:	(b) The 90th day after the
red //r	30 3027.			
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