# L21000127892

(Requestor's Name)  (Address)	
(Address)	900365896
(City/State/Zip/Phone #)	
(Business Entity Name)	05/14/2101010
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2021

KALEIGH COONS 2222 SUNSET LANE NAPLES, FL 34104

SUBJECT: COLLIER CUSTOM CABINETRY AND MILLWORK LLC

Ref. Number: L21000127892

We have received your document for COLLIER CUSTOM CABINETRY AND MILLWORK LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00013720

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www.sunbiz.org

### **COVER LETTER**

10: R	egistration Se ivision of Cor	porations				
SURIFCI	COLLIER	CUSTOM CABINETRY AND	) MILLWORK, LLC.			
30035.01	•	Name of Limited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		KALEIGH COONS				
			Name of Person			
		COLLIER CUSTOM CAI	BINETRY AND MILLWORK, LLG	C.		
	Firm/Company					
	2222 SUNSET LANE					
Address				8-14-17E-18-17E-18-17E-18-17E-18-17E-18-17E-18-17E-18-17E-18-18-17E-18-17E-18-17E-18-17E-18-17E-18-17E-18-17E		
		NAPLES, FLORIDA 34104				
			City/State and Zip Code			
		KALEIGH.COONS@YAF	IOO.COM to be used for future annual report notif	(Constitution)		
Cara Carabasa	. I., fa	oncerning this matter, please c		ncanon)		
		oncerning this matter, please c				
KALEIGH			239 331-6565 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is	s a check for th	ne following amount:				
□ \$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)		
R D P	lailing Address egistration Solvision of Co. O. Box 632 fallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	etion $\succeq$ porations fallahassee e Street, Suite 810		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLIER CUSTOM CABINETRY AND MILLWORK, 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 3/18/2021 and assigned Florida document number <u>L21000127892</u> 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida City

#### 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
MGR	KALEIGH COONS	2222 SUNSET LANE, NAPLES, FL 34104	<b>≣</b> Add
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ective date, if other than the date of filing: (optional)	1
reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	) Pursuant to 605.02 will not be listed
cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). This filed.	e 90th day after th
ed JULY 3 202)	
Red ash love	
Rul Jun Wood Signature of a member or authorized representative of a member	
Red Joh lovo	

Filing Fee: \$25.00