

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

From:
Account Name : US TAX CONSULTING INC
Account Number : I2016000060
Phone : (407)674-8969
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASTER KITCHEN JAX LLC

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M. SOLOMON
SEP 17 2024

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2024 SEP 17 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FL

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 SEP 17 AM 10:42

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MASTER KITCHEN JAX LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 04/20/2021 and assigned Florida document number: L21000183111

Article I

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 "L.L.C."

Article II

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

145 ASCEND CIRCLE, #3101, ST. JOHN'S, FL 32259

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

145 ASCEND CIRCLE, #3101, ST. JOHN'S, FL 32259

Article IV

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: **MARSON SOUZA LIMA**

New Registered Office Address: **145 ASCEND CIR, #3101, ST. JOHN'S, FL 32259**

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

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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

Title	Name	Address	Type of Action
AMBR	SOUZA LIMA, MARSON	13990 BARTRAM PARK BLVD, UNIT 703 JACKSONVILLE, FL 32258	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>
AMBR	SOUZA LIMA JUNIOR, MARSON	13990 BARTRAM PARK BLVD, UNIT 703 JACKSONVILLE, FL 32258	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>
AMBR	XAVIER LIMA, NILDA CELIA	13990 BARTRAM PARK BLVD, UNIT 703 JACKSONVILLE, FL 32258	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>
AMBR	SOUZA LIMA, MARSON	145 ASCEND CIRCLE, #3101 JACKSONVILLE, FL 32259	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AMBR	SOUZA LIMA JUNIOR, MARSON	145 ASCEND CIRCLE, #3101 JACKSONVILLE, FL 32259	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AMBR	XAVIER LIMA, NILDA CELIA	145 ASCEND CIRCLE, #3101 JACKSONVILLE, FL 32259	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot more than 90 days after the date this document is filed by the Florida Department of State.)

DATED: 10/16, 2024.


MARSON SOUZA LIMA / AMBR

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