

L21000236546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

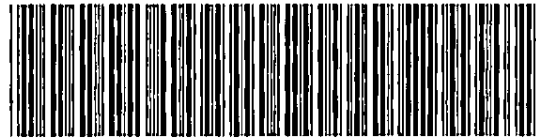
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

7/22/21  
TM

Office Use Only



000368850510

06/30/21--01011--013 \*\*25.00

21 JUN 30 PM 1:23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC COAST CABINET INSTALL AND CARPENTRY 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:

VICKI WICHIOWSKI

Name of Person

ATLANTIC COAST CABINET INSTALL AND CARPENTRY LLC

Firm/Company

10792 Tea Olive Lane

Address

Boca Raton, FL 33498

City/State and Zip Code

VICKI.WICHIOWSKI@ANIXTER.COM

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

For further information concerning this matter, please call:

Vicki Wichowski

Name of Person

at ( 920 ) 851-0914

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ATLANTIC COAST CABINET INSTALL AND CARPENTRY LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

21 JUN 30 PM 1:23

The Articles of Organization for this Limited Liability Company were filed on 5-20-21 and assigned Florida document number L21000236546.

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 "L.L.C."

**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 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**

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>
AMBR	MARK WICIHOWSKI	10792 TEA OLIVE LN, BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICKI WICIHOWSKI	10792 TEA OLIVE LN, BOCA RATON, FL 33498	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 JUN 30 PM 1:23

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

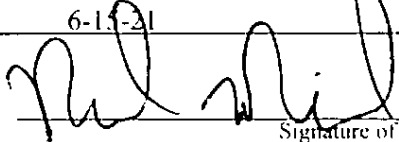

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

6-15-21

6-15-21

Signature of a member or authorized representative of a member

Vicki Wicichowski & Mark Wicichowski ----- owners / authorized members of LLC

Typed or printed name of signee

## Vicki Wicihowski

---

From: donotreply@sunbiz.org  
Sent: Thursday, May 20, 2021 3:52 PM  
To: Vicki Wicihowski  
Subject: Sunbiz.org Payment Receipt

---

### Warning External Email:

---

Thank you for submitting your payment to Florida Department of State, Division of Corporations. This email will serve as confirmation that your payment was received by our office.

Your filing will be posted on our website <http://www.sunbiz.org/> in the order received.

The transaction information is listed below:

Receipt Number: 3807233509  
Transaction Date/Time: 05/20/2021 03:51 PM ✓  
Card Number: XXXX XXXX XXXX 6410  
Card Type: MC  
Approval Code: 78311S  
Payment Amount: \$160.00  
Tracking Number: 800366763538  
Document Number: NEW

