# 121000291298

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## **COVER LETTER**

TO: Registration Se Division of Cor				
	OM KITCHEN & BATH L.L.C	C		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Guillermo Rivera			
		Name of Person		
		Firm/Company		
	2808 36th st sw			
		Address		
	Lehigh Acres FL 33936			
		City/State and Zip Code		
	SWCUSTOMKB@GMAII		-6	
For further information c	E-mail address: oncerning this matter, please c	(to be used for future annual report no call:	uncation)	
Guillermo Rivera		239 634-6791 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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### SW CUSTOM KITCHEN & BATH L.L.C

(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 Florida document number L21000291298		1 06/03/2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or		ar records, enter the n	ame of the new registered
agent and/or the new registered office addr			
Name of New Registered Agent:	Guillermo Rivera		
New Registered Office Address:	2808 36th ST SW		
		Florida street address	
	LEHIGH ACRES	Florida	33976
	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 Address JUL 16 PM 2: 40 AMBR = Authorized Member **Type of Action** Title Name Guillermo Rivera 2808 36th ST SW AMBR LEHIGH ACRES FL 33976 \_\_\_\_\_ □Remove ☐ Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove 

is amenoing any omes in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	21 JUL 16 PH 2: 40
,	
Note: If the date inserted in	an the date of filing:  (optional)  date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records.
e record specifies a delayed e rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 13 Dated	2021
	Signature of a member or authorized representative of a member
	Guillermo Rivera
	Typed or printed name of signee

Filing Fee: \$25.00