121000416547

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.1), 2.2.2.2.4
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor					
CHID HIZ		ETS & GRANITE, LLC.				
SUBJEC	.l:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		WALTER PIANTA				
			Name of Person			
	US CABINETS & GRANITE, LLC					
Firm/Company						
1025 MILLER DRIVE. UNIT 139						
Address						
	ALTAMONTE SPRINGS, FL. 32701					
		WALTERPIANTA@HOTY	City/State and Zip Code			
		-	to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please ca	all:			
WALTE	R PAINTA		407 332-0051 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration S	Section	Registration Se			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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Name of New Registered Agent: New Registered Office Address:	ORLANDO		et address , Florida 32804
	1913 NORTH		et address
Name of New Registered Agent:	1915 NORTH ORANGE BLOSSOM TRAIL Enter Florida street address		
Name of New Registered Agent:		OPANGE BI OSSOM TR	АΠ
amending the registered agent and/or t and/or the new registered office addr	registered office ess here:	address on our records,	enter the name of the new r
nter new mailing address, if applicable: **Edding address MAY RE A POST OFFICE BOX)**		ORLANDO, FL. 32804	
		1915 NORTH ORANGI	E BLOSSOM TRAIL
ncipal office address MUST BE A STRE	ET ADDRESS)	ORLANDO, FL. 32804	
nter new principal offices address, if applicable:		1915 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL. 32804	
new name must be distinguishable and contain the	words "Limited Liabil		
If amending name, enter the new name			
s amendment is submitted to amend the fo	llowing		
rida document number L21000416547	·		
	Liability Company	were filed on ONZINZUZI	and assigned
Articles of Organization for this Limited		00/21/2021	•

US CABINETS & GRANTTE, LLC.

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>	Name	Address	Type of Action
AMBR	EDGE FERNANDES	1915 NORTH ORANGE BLOSSOM TRAIL	= Add
		ORLANDO, FL. 32804	□Remove
			□ Change
AMBR	CURTNEY JENKINS	1915 NORTH ORANGE BLOSSOM TRAIL	= Add
		ORLANDO, FL. 32804	□ Remove
			□Change
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ective date, if other	r than the date of fili	ng:		(optional)	
n effective date is listed,	the date must be specific and in this block does not	ind cannot be prior to dat t meet the applicable :	e of filing or more than tatutory filing requir	90 days after filing.) Purst rements, this date will n	ot be listed a
cument's effective dat	te on the Department of	f State's records.	, , ,	·	
ecord specifies a delay	yed effective date, but n	iot an effective time, a	t 12:01 a.m. on the	earlier of: (b) The 90th	day after the
is filed.					
ted					
	Signature of	a member or authorized	representative of a me	mber	

Filing Fee: \$25.00

Date of this notice: 09-10-2021

Employer Identification Number:

87-2578376

Form: SS-4

Number of this notice: CP 575 A

US CABINETS & GRANITE LLC WALTER PIANTA SOLE MBR 1025 MILLER DRIVE UNIT 139 ALTAMONTE SPRINGS, FL 32701

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS MOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you ETN 87-2578376. This ETN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 01/31/2022 Form 940 01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- · Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is USCA. You will need to provide this information, along with your EIM, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-10-2021 () -

EMPLOYER IDENTIFICATION NUMBER: 87-2578376

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

US CABINETS & GRANITE LLC WALTER PIANTA SOLE MBR 1025 MILLER DRIVE UNIT 139 ALTAMONTE SPRINGS, FL 32701