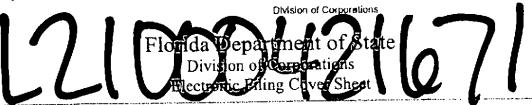
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Division of Corporations

Fax Number : (850)617-6383

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102

Phone : (954)998-1035

Fax Number

: (954)573-1480

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRISEL CABINETS LLC

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COVER LETTER

TQ:				
SUBJE	CT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		MANUEL ALONSO URIB	E CABRERA	
			Name of Person	
	BRISEL CABINETS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Interest and Inter			
BRISEL CABINETS LLC SUBJECT: 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: MANUEL ALONSO URIBE CABRERA Name of Person BRISEL CABINETS LLC Firm/Company 1500 WEST COPANS ROAD SUITE A4 Address POMPANO BEACH FL 33064 City/State and Zip Code INFO@SOSMETAXSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANUEL URIBE CABRERA Name of Person Area Code Daytime Telephone I \$255.00 Filing Fee Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahasse				
		ABINETS LLC Name of Limited Liability Company f Amendment and fee(s) are submitted for filing. condence concerning this matter to the following: MANUEL ALONSO URIBE CABRERA Name of Person BRISEL CABINETS LLC Firm/Company 1500 WEST COPANS ROAD SUITE A4 Address POMPANO BEACH FL 33064 City/State and Zip Code INFO@SOSMETAXSERVICES.COM E-mail address: (to be used for future annual report notification) 1 concerning this matter, please call: BRERA 1 of Person 1 \$30.00 Filing Fee & Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Registration Section Division of Corporations The Centre of Tallahassee: The Centre of Tallahassee:		
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	POMPANO BEACH FL 33064 City/State and Zip Code			
		E-mail address: (t	o be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please ca	dl:	
MAN	UEL URIBE CAB	RERA		
	Name u	(Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for the	he following amount:		
■ \$	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of C P.O. Box 633	Section Corporations 27	Registration S Division of Co The Centre of	orporations Tallahassee

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCE OF PRINCE IN C		1021 S SECR
BRISEL CABINETS LLC		SEP F
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	29 SSE
The Articles of Organization for this Limited Liability Com	pany were filed on 09/24/2021	andrassigned □
Florida document number L21000421671		STATE
This amendment is submitted to amend the following:		37
A. If amending name, enter the new name of the limited	i liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(2.2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	9
	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.

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19545731480

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>	Address	Type of Action
MGR	MANUEL ALONSO URIBE CABLERA	1500 W COPANS RD ST A4	□Add
		POMPANO BEACH FL 33064	□Remove
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amending any	other informatio	on, enter chang	e(s) nere: (Am	acn aaamonai s	neeis, y necessury	•)	
							
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Note: If the dat	if other than the is listed, the date must e inserted in this blockive date on the De	ock does not mee	t me appareacte :	c of filing or more to statutory filing rec	nan 90 days after filin quirements, this dat	g.) Pursuant to e will not be	605.020 listed a
e record specifie rd is filed.	s a delayed effective	e date, but not an	effective time, a	at 12:01 a.m. on t	ne earlier of: (b) T	he 90th day	after the
	when her	28	20 H			SECI FALL/	2021 SEP 29
Dated	polimber	,	<u> </u>			LETAR AHASS	SEP
	Hut	سبہ ک					29
		Signature of a mer	mber or authorized	representative of e	member	E 64	PM
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