Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H23000389732 3)))



H230003897323ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Phone : (239)344-7417

Fax Number : (888)344-7262

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

Email Address: info@neokitchenandbath.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEO KITCHENS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help

11/9/2023 12:57 PM T0:18505176383 FROM:8883447262 Page: 3

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

NEO KITCHENS LLC

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears oblity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number £21000510366	ere filed on	12/01/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ly company hero	<u>:</u>	
The new name most be distinguishable and contain the words "Limited Liability	Company," the des	iguation "LLC" or the al	obreviation "L L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		•	<u>,</u> ra
			د. ج
			<
Enter new mailing address, if applicable:			Ġ
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>ය</u> හ
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our rec	ords, <u>enter the nan</u>	ie of the new register
Name of New Registered Agent:	<u></u>		
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of m oxided for in Ch	iv duties, and I am apter 605, F.S. Or,	familiar with and - if this document is:-

H Changing Registered Agent, Signature of New Registered Agent

11/9/2023 12:57 PM TO:18506176383 FROM:8883447262

Page: 4

if amending Authorized rerson(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
AMBR	ALINE COSTPER	4340 LAZIO WAY APT 1303	Add
		FORT MYERS, FL 33901	
			<b>≡</b> Change
			□Remove
			Change
			LIRemove
			□ □ Change
		- Control of the Cont	DRemove
			L_Change
		·····	Li Remove
		·	- Change
<del></del>			
			(]Remove
			TChange

Effective date, if other than the	date of filing:	(optional) og or more than 90 days after filing ) Pursuant to 605.0207 (3)(b
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutor	y filing requirements, this date will not be listed as the
And the second state of the second		
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01	aun, on the earlier of: (b) The 90th day after the
Dated NOVEMBER 9	2023	
Dated NOVEMBER 9		
		ntative of a member

Filing Fee: \$25.00