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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083 Phone : (407)932-0040 Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future?

annual report mailings. Enter only one email address please.\*\* Email Address:\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COLOMBIAN CABINETS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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2022 APR 2.0

٠		COVER LETTER
TO: Registration S Division of Co		* ************************************
COLOMB	IAN CABINETS LLC	
SUBJECT:	Name of Lir	nited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing
	ondence concerning this matter	
	JOSTIN A FIGUEREDO	
	-	Name of Person
	COLOBIAN CABINETS	LLC
		Firm/Company
	1290 WEIN WAY CIR	
		Address
	KISSIMMEE, FL 34744	
		City/State and Zip Code
	E-mail address:	(to be used for future annual report notification)
For further information a	concerning this matter, please c	•
JOSTIN A FIGUEREDO	-	407 8618887
Name o	of Person	at (
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>M</u> ailing Addres		<b>6</b>
Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee, I	FL 32314	2415 N. Monovo Street, Suita 210

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
		Florida _
	Enter Florida street ado	dress
New Registered Office Address:		
Name of New Registered Agent:		
agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new registere
B. If amending the registered agent and/or registered off	in adduse I	20
		N E
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		20 F. F.
		IPR
		122
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	~~~~
Enter new principal offices address, if applicable:		<del></del>
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:	
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000156089</u>	pany were filed on work 12022	and assigned
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our re- nited Liability Company)	cords.)
COLOMBIAN CABINETS LLC		

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>	Name	Address	Type of Action
AMBR	ABIGAIL REYES	1290 WEIN WAY CIR	<b>≅</b> Add
		KISSIMMEE, FL 34744	□Remove
			□Change
			□ Add
			□Remove
			Change
			🗖 Add
			□Remove
			□Change
<del></del>			□Add
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			Change

If amer	iding any oth	er information	n, enter c	hange(s) here:	(Attach additio	nal sheets, if nec	essary.)	
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record s d is filed	specifics a dela l.	yed offective dat	e, but not	an effective time	s, at 12:01 a.m. or	the earlier of: (b)	The 90th day afte	r the
Pated	April	20	,	2022				
		Ju.	shn	higue:	1-CCD ed representative o			
		Sign	nture of a n	cember or authoriz	ed representative o	a member		
		Jushi		Typed or printed r	rerecto	) 		