Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000343986 3)))



H220003439883ABC4

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

7	n	٠	
	v		

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CG TAX,INC. Account Number : 119990000017

Phone : Fax Number :

: (305)485-9300 : (305)485-1098

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

[hema	Address:			
	MUUI CSS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFIAS CABINET, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
<u>-</u>		, Florida
A STANDARD OF THE STANDARD STA	Enter Florida	street address
New Registered Office Address:		
Name of New Registered Agent:	i/A	
<i>:</i>		
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our reco ere:	ords, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:	<u>N/A</u>	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new principal offices address, if applicable		
The new name must be distinguishable and contain the word		gnation "LLC" or the abbreviation "L.L.C."
N/A		
A. If amending name, enter the new name of th	e limited liability company here	;
This amendment is submitted to amend the following	~	
Florida document number L22000285063	··	•
The Articles of Organization for this Limited Liab	ility Company were filed on 100/23	and assigned
(Name of the Limited (A	Liability Company as it now appears (Florida Limited Liability Company)	on our records.
SOFIAS CABINET, 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 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	ARISTA SALMERON, ELSA M	2305 NW 4TH ST	≅ Add
	•	MIAMI, FL 33125	□Remove
<i>t</i> .			□ Change
			□Add
;			□ Remove
			□Change
1			Remove
			□Change
			🖸 Add
			□Remove
			Change
			Dbdd
			DRemove /
			Change
			
			□Remove
			□ Change

N/	A
_	
_	
_	
_	
_	
_	
	·
_	
_	
_	
	\cdot
Effectiv	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
Note: 1:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
documer	nt's effective date on the Department of State's records.
z record	specifies a delayed effective date, but not an effective time, at [2:0] a.m. on the earlier of: (b) The 90th day after
rd is file	d
_	2022
Dated $_^{ m O}$	2022 ,
	R 11 700+1
	1 min Laralu.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00