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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Centificates	s of Status
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COVER LETTER

TO:

TO: Registration So Division of Cor				
	ULTI SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Frank M Querol			
		Name of Person		
	FRANK MULTI SERVIC	ES LLC		
		Firm/Company		
	4323 13th AVE SW		. , ;	
	-	Address	1.	
	Naples FL 34116			
		City/State and Zip Code		
	frankquerol24@gmail.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)	
Frank M Querol	-	239 2482919		
Name c	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 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:	petion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monra	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FRANK MULTI SERVICES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny a <u>s it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/02/2023</u>	and assigned
Plorida document number 605.0202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A.D.F. CABINETRY LLC.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4323 13th AVE SW Naples FL 34116	*~.3
Principal office address MUST BE A STREET ADDRESS)		.1
		:
		-7
Enter new mailing address, if applicable:		77
Mailing address MAY BE A POST OFFICE BOX)		- •
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the nam	e of the new registe
	Enter v torida street address	
·	, Florida	*** ** **
	City	Zin 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.

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
		-	□ Add
			□Remove
			☐ Change
			□ Add
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ffective date, if other than the an effective date is listed, the date mus	t be specific and cann	of he prior to date	of filing or more the	in 90 days after fil	ar) ing.) Pursuant to 605.0
ocument's effective date on the De	ock does not meet t	he applicable st	atutory filing requ	urements, this d	ate will not be listed
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record specifies a delayed effective	e date hut not an et	Lactica tima - at	12:01 a.m. on the	earlier of: (b)	The 90th day after t
is filed.	. date, but not an er	rective time, at	(2.0) a.m. on the	carrier or. (17)	The Military after t
ated	20.	<u>13</u>			
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Typed or printed name of signee