

L22000430423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

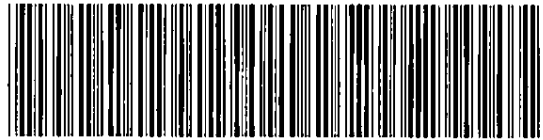
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2023

XUQING ZHANG CPA
16211 NE 12 CT
NORTH MIAMI BEACH, FL 33162

SUBJECT: N. Q. KITCHEN & BATH LLC
Ref. Number: L22000430423

We have received your document for N. Q. KITCHEN & BATH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 823A00022104

Note:

- SEP 25 2023
1. LLC Amendment Form and a check of \$25 included in this mail.
 2. prior Amendment fee of \$35 has been paid, and I would like to request a refund to be issued to ZHANG AND OUYANG CPA PA
- Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N. Q. KITCHEN & BATH LLC

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:

Xuqing Zhang CPA

Name of Person

Zhang & Ouyang CPA PA

Firm/Company

16211 NE 12 CT

Address

North Miami Beach, FL 33162

City/State and Zip Code

zhangouyangcpa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xuqing Zhang CPA

786

246-4124

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

N. Q. KITCHEN & BATH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/05/2022 and assigned
Florida document number L22000430423.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

613 W HALLANDALE BEACH BLVD UNIT 4

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

613 W HALLANDALE BEACH BLVD UNIT 4

HALLANDALE BEACH, FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NINGDOU.CHEN

New Registered Office Address:

613 W HALLANDALE BEACH BLVD UNIT 4

Enter Florida street address

HALLANDALE BEACH

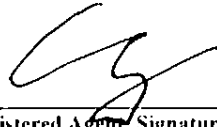
City

Florida 33009

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.



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAIHUI, TAN	9955 NW 116TH WAY SUITE 5	<input type="checkbox"/> Add
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NINGDOU, CHEN	613 W HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009-5305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 3, 2023

Signature of a member or authorized representative of a member

NINGDOU, CHEN

Typed or printed name of signee

Filing Fee: \$25.00