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## **COVER LETTER**

TO:

TO: Registration S Division of Co		•	
	A CABINETS AND COUNTE	RTOPS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PEDRO M RODRIGUEZ		
		Name of Person	<del></del>
	LA TINTA CABINETS A	ND COUNTERTOPS LLC	
		Firm/Company	<del></del>
	755 W 43 PL		<u>~-</u> 2
		Address	<del></del> 3
	HIALEAH, FL 33012		:
	<del></del>	City/State and Zip Code	
	JUAN@RSVTAX.COM	<u> </u>	<u>.</u>
	. :	to be used for future annual report notification)	7
For further information	concerning this matter, please of	all:	
PEDRO M RODRIGUI	EZ	786 587 5761	
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	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address:  Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our Fecords.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
	20
	· : ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flo	records, enter the name of the new registe
	Florida Zip Code
City	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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here	of my daties, and r am familiar with and Chapter 605, F.S. Or, if this document is

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MB	YANELI ALLER LOPEZ	755 W 43 PL, HIALEAH, FL 33012	≣Add
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Yaneli Ayer Lopez MB 0	1%		
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fective date is listed, the date must be specific and the date inserted in this block does no	nd cannot be prior to o	date of filing or more than 90 days after	filing.) Pursuant to 605 date will not be list
ent's effective date on the Department of		e statutory trining requirements, una	date will not be iis.
d specifies a delayed effective date, but r	ot an effective time	e, at 12:01 a.m. on the carlier of: (b)	The 90th day afte
led.		•	
August 2nd	2023		
<b>/</b>   <b>/</b> / /			

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