L23000275227

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(Business Entity Name)
(Document Number)
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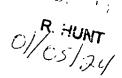
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALL IN SPECIALTIES,	LLC	
Please Debit FCA0000000	03 For: 25	
Thank you Seth Neeley		
Attal		Art of Inc. File
		Fictitious Name File
		Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitions Name
		Corp Record Search
,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
N		UCC 11 Search
Name Da	ate Time	UCC 11 Retrieval
Walk-In W	ill Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN KITCHEN & BATH, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 123000275227	y were filed on <u>06/07/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
All in Specialties, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u>:</u>
		· ;;,
		91 P
Enter new mailing address, if applicable:		ing 5
(Mailing address MAY BE A POST OFFICE BOX)		: 50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and	l I am familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Remove
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			TAIL State Change
			
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ective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the December 1.	be specific and cannot be prior to da ick does not meet the applicable			
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The 9	Oth day after the
November 10	2023			
icu				
AJO.	Signature of a member or authorized			

Filing Fee: \$25.00