8/17/23, 4:19 PM

Division of Corporations

Florida Department of State

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVF CABINETS LLC

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MIG 20 2023

K. Brumbley

TO:

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COVER LETTER

	ation Section 1 of Corporations	3.
SERIVOTE	/F CABINETS LLC	
SOBJEC, 1	Name of L	limited Liability Company
The enclosed Ar	itcles of Amendment and fee(s) are s	ubmitted for filing.
Please return all	correspondence concerning this matt	er to the following:
	Cheyenne Moseley	
		Name of Person
	Legalzoom.com. Inc.	
		Firm Company
	101 N Brand Blvd 11th	
		Address
	Glendale, CA 91203	
	evicabinets(d gmail.com	City/State and Zip Code
		: (to be used for future annual report notification)
For further inform	nation concerning this matter, please	call;
Cheyenne Mose	ey	800 773-0888
	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Fee S30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 fallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVF CABINETS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) 3 Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/06/2023	and assigned
Florida document number 1.23000320534		
This amendment is submitted to amend the following:		
A. If amending name, cuter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ente</u> ere:	r the name of the
Name of New Registered Agent:		
New Registered Office Address:		=11 5 =22
•	EnterFloridastreetaddress	2 C
	, Florida	A A
New Registered Agent's Signature, if changing Registered Agen	•	- Salve#
	ur.	; o

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:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VADEL. ALLAN A	2285 MARSHHAWK LN APT 21206	
		FLEMING ISLAND, FL 32003	₽ Remove
MGR	Florez Vadel, Allan Alexander	2285 MARSH HAWK LN APT 21206	■ Add
		FLEMING ISLAND, FL 32003	□ Remove
			Change
			
			□ Remove
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Allan Alexander Florez Vadel		Signature of a member or authorized representative of a member

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