123000523378

(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

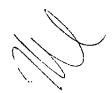


600438484196

10/29/24--01007--007 **25.00

SECRETARY OF STATE TALLAHASSEE, FL

2024 OCT 29 AH II: 43



COVER LETTER

TO: Registration S Division of Co			
	LOORING & CABINETRY LL	.c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LUANN THOMAS		
		Name of Person	
	LUANN THOMAS PAIN	C	
		Firm/Company	
	2170 KEARNEY AVE		
		Address	
	NAPLES, FL 34117		
		City/State and Zip Code	<u>~</u> ⊹s ~•
	LUANN@THOMASPA.Co	OM to be used for future annual report notification)	.m 🚍
For further information	concerning this matter, please c		2024 OCT 29 SECRETARY TALLAHA
LUANN THOMAS		239 465-6700 at ()	ASSE IT
Name	of Person	Area Code Daytime Telephone Nu	HOCT 29 AH II: 43 CRETARY OF STATE FALLAHASSEE, FL
Enclosed is a check for t	the following amount:		· ·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional 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

ARETE FLOORING & CABINETRY LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/20/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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>
Enter new mailing address, if applicable:		S 2	 .
(Mailing address MAY BE A POST OFFICE BOX)		M OCT	**********************************
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of (Next) regist	ered :
agent and/or the new registered office address here:	· —	HIII: L	
Name of New Registered Agent:		Ξ, Ξ	
New Registered Office Address:	Enter Florida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	VERONIKA BUSTAMANTE	2264 ROYAL LN	
		NAPLES, FL 34112	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove 78 SE C Plange
			RESECRETARY OF STATE TAPLAHASSEE, FL
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
	45 · · · ·	
11-3-51-5		
	1	2024 SEC TA
		24 OCT 29 AM II: CRETARY OF ST TALLAHASSEE.
		T777 1 1 29
· · · · · · · · · · · · · · · · · · ·		AMII: 43
		ATE A3
fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing or more the ck does not meet the applicable statutory filing rec	(optional) han 90 days after (iling.) Pursuant to 605.0207 (3)(b)
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
AUGUST 22	2024	
	h t	
	Signature of a member of authorized representative of a	

Filing Fee: \$25.00