# 24000039155

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(Document )	Number)
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# **COVER LETTER**

### TO: Registration Section Division of Corporations

DISTINCTIVE CABINETS DESIGN LLC

SUBJECT:

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:

AGUSTIN GONZALEZ PEREZ

Name of Person

DISTINCTIVE CABINETS DESIGN LLC

Firm/Company

10224 NW 128TH TERRACE

Address

HIALEAH GARDEN, FL 33018

City/State and Zip Code

AGUSTO76@GMAIL.COM

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

For further information concerning this matter, please call:

AGUSTIN GONZALEZ PEREZ Name of Person Name of Person Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTINCTIVE CABINETS DESIGN LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	
The Articles of Organization for this Limited Liability Company	were filed on 01/22/2024 and assigned
Florida document number <u>L24000039155</u> .	د. می
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MF REPAIRS AND SERVICES	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10224 NW 128TH TERRACE
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH GARDEN, FL 33018
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 records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

\_\_\_\_, Florida \_\_

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.

City

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

Title	Name	Address	Type of Action
			□ Add
			🗆 Remove
			Change
			🗆 Add
			🗋 Remove
			Change
			🗆 Add
			Change
			🗆 Add
			🗆 Change
			🗆 Add
			□ Change
			🗆 Add
			🗆 Remove

### Page 2 of 3

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

•

E. Effec	ive date, if other than the date of filing: (optional)	
(If an ci <u>Note:</u> docur	ive date, if other than the date of filing:	7 (3)(b s the

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	·
	Λιι
	Signature of a member or authorized representative of a member

AGUSTIN GONZALEZ PEREZ

Typed or printed name of signee

Filing Fee: \$25.00