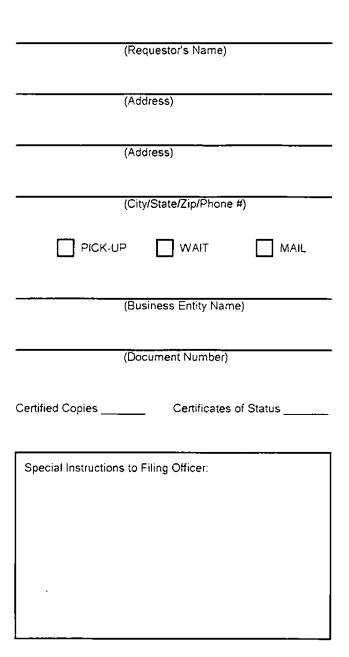
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Office Use Only





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## **COVER LETTER**

SUBJECT:    MOBEL WOOD KITCHENS & CLOSETS L.L.C     Name of Limited Liability Company		Registration S Division of Co						
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:    SANDRA B. MASSO	SHRIE	MOBEL V	VOOD KITCHENS & CLOSE	TS L.L.C				
Please return all correspondence concerning this matter to the following:    SANDRA B. MASSO	300320	· · · · · · · · · · · · · · · · · · ·						
SANDRA B. MASSO  PEAK CORP  Firm/Company  16475 Golf Club Rd. Suite # 304  Address  Weston, Fl. 33326  City/State and Zip Code peakcop@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section	The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
PEAK CORP    Firm/Company     16475 Golf Club Rd. Suite # 304	Please re	turn all correspo	ondence concerning this matter	to the following:				
PEAK CORP    Firm/Company     16475 Golf Club Rd. Suite # 304     Address     Weston, Fl. 33326     City/State and Zip Code     peakcorp@hotmail.com     E-mail address: (to be used for future annual report notification)     For further information concerning this matter, please call:    SANDRA B. MASSO   at (			SANDRA B. MASSO					
Firm/Company   16475 Golf Club Rd. Suite # 304   Address				Name of Person	<u> </u>			
Address  Weston, Fl. 33326  City/State and Zip Code peakcorp@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO  Sandra at ( )			PEAK CORP		Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  dress: tion Section of Corporations tre of Tallahassee			
Weston, Fl. 33326  City/State and Zip Code peakcorp@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO  at ( )  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certified Copy (Certificate of Status & Certified Copy) (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section				Firm/Company				
City/State and Zip Code			16475 Golf Club Rd. Suite	е # 304				
City/State and Zip Code  peakcorp@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO  305  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section				Address	<del></del>			
Peakcorp@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO    SANDRA B. MASSO			Weston, Fl. 33326					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDRA B. MASSO    Sandra				City/State and Zip Code				
SANDRA B. MASSO  at ()  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc			peakcorp@hotmail.com					
SANDRA B. MASSO    Sandra B. Masso   Sandra B. M			E-mail address: (	to be used for future annual report i	notification)			
Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Solution Tel	For further	er information c	oncerning this matter, please c	all;				
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section	SANDRA	A B. MASSO						
■ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Street Address: Registration Section		Name o	f Person		time Telephone Number			
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Certified Copy (additional copy is enclosed)	Enclosed	is a check for th	ne following amount:					
Registration Section Registration Section	■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
Division of Cornerations Division of Control of the	F	Registration S	Section					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810								

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBEL WOOD KITCHENS & CLOSETS LLC	
( <u>Name of the Limited Liability Company as it now appears (</u> A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/13}{12}$ Florida document number $\frac{1.24000092155}{1.24000092155}$	3/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	;;
The new name must be distinguishable and contain the words "Limited Liability Company." the desi  Enter new principal offices address, if applicable:	gnation "LLC" or the abbreviation "L.L.C."
	~
(Principal office address MUST BE A STREET ADDRESS)	2024 115S
	12
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	79 1
	<u>ب</u>
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	a street address
	T31 + 1

## 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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDMUNDO B. GONALEZ	16475 Golf Club Rd, Apt. 304.	
		Weston, Fl. 33326	≅Remove
			☐ Change
AMBR	EDMUNDO LEVY GONZALEZ	16475 Golf Club Rd, Apt. 304.	≅Add
		Weston, Fl. 33326	□Remove
			☐Change
			∐Add
			□Remove
			□Change
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ffective date, if other than th	e date of filing:			(optional)	
an effective date is listed, the date mitote: If the date inserted in this bocument's effective date on the I	ist be specific and canno lock does not meet th	t be prior to date of ie applicable statu	filing or more than	90 days after filing.)	Pursuant to 605,0207 ( /ill not be listed as t
record specifies a delayed effecti I is filed.	ve date, but not an ef	fective time, at 12	:01 a.m. on the e	artier of: (b) The	90th day after the
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Filing Fee: \$25.00