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COVER LETTER

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TO: Registration S Division of Co						
ALISMA CABINET MAKER LLC						
SUBJECT:Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	FRED Y ALISMA					
		Name of Person				
Firm Company						
	1425 NE 136TH STREET					
	MIAMI FL. 33161	Address				
	LINTOBARON@YAHOO	City/State and Zip Code .COM to be used for future annual report no	tification)			
For further information	concerning this matter, please e	·	,			
GIOVANNIE JEAN BAPTISTE		786 9853706 at ()				
Name	of Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 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)			
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oc Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	inv as it now appears on our records	
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	-
The Articles of Organization for this Limited Liability Company	were filed on <u>05/03/2024</u>	and assigned
Florida document number L24000208767		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	41.00
Enter new principal offices address, if applicable:	·	24
Principal office address MUST BE A STREET ADDRESS)		
		23
		2 0
Enter new mailing address, if applicable:		0 3
Mailing address MAY BE A POST OFFICE BOX)		高声 2
Hunng under MAT DE ATOST OFFICE BOXY		<u>.</u>
	-	
3. If amending the registered agent and/or registered office :	address on our records, enter (the name of the new regis
gent and/or the new registered office address here:	and ess on our records, enter	with the state of the stat
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AT ICAA CADINET MARED LEC

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRED Y ALISMA	1425 NE 136TH STREET	≅ Add
		MIAMI FL 33161	□Remove
			□Change
			□Add
			□Change
	<u> </u>		
			□Remove
			
			□Remove
			∐Remove
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 MAY 14TH 2024 Signature of a member or authorized representative of a member GIOVANNIE JEAN-BAPTISTE Typed or printed name of signee