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COVER LETTER

TO: Registration Section Division of Corporations

DC KITCHEN INSTALLERS 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:

DANIEL CONCEPCION

Name of Person

DC KITCHEN INSTALLERS LLC

Firm/Company

1 WHEEL PL B

Address

PALM COAST, FL 32164

City/State and Zip Code

danieldecaibarien@gmail.com

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

For further information concerning this matter, please call;

 DANIEL CONCEPCION
 850
 288-8692

 Name of Person
 Area Code
 Daytime 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)

<u>Mailing Address:</u> 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**



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	DANIEL CONCEPCION		
New Registered Office Address:	1 Wheel PI, B		
<u></u>	Enter Florida street address		
	Palm Coast	, Florida	32164
	City	, i tortat	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. Thereby confirm that the limited liability company has been notified in writing of this change.



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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>	Name	Address	<u>Type of Action</u>
MGR	DANIEL CONCEPCION	I WHEEL PL B PALM COAST, FL 32164	□ Add
			Remove
			Change
			🖸 Add
			🗆 Remove
			🗍 Change
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			🗆 Remove
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I need to correct the name of the Registered Agent, which is DANIEL CONCEPCION. Due to an error at

the time of application, the abbreviation "SR," was added and I want to remove it.

(optional)

E. Effective date, if other than the date of filing: _____ (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.

AUGUST 21

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2024



Signature of a member or authorized representative of a member

DANIEL CONCEPCION

Typed or printed name of signee

Filing Fee: \$25.00