

LD3000050775

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2009 NOV -9 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 10 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Cabinets, LLC
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:

Thomas A Knoebel

Name of Person

Beach Cabinets, LLC

Firm/Company

3268 Skyway Circle Suite 6

Address

Melbourne, FL, 32934

City/State and Zip Code

beachcabinets@aol.com

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

For further information concerning this matter, please call:

Thomas A Knoebel

Name of Person

at (**321**)

757-9872

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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2009 NOV -9 PM 11:44

Beach Cabinets, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 8, 2003 and assigned
Florida document number L03000050775.

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 end with the words "Limited Liability 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)

Thomas A Knoebel

3268 Skyway Circle Suite 6

Melbourne, FL, 32934

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Beach Cabinets, LLC

3268 Skyway Circle Suite 6

Melbourne, FL, 32934

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:

Thomas A Knoebel

New Registered Office Address:

3268 Skyway Circle Suite 6

Enter Florida street address

Melbourne

City

, Florida

32934

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

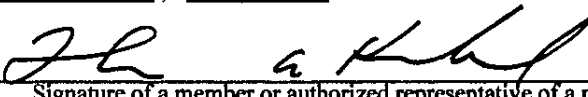
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gerard A Baker	345 Hamlin Ave Satellite Beach, FL 32937 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kimberlee R Knoebel	3268 Skyway Circle Suite 6 Melbourne, FL 32934	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11-6-, 2009.



Signature of a member or authorized representative of a member

Thomas A Knoebel
Typed or printed name of signee

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TALLAHASSEE, FLORIDA