## L04000012473

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Copies Certificates of Status
PICK-UP WAIT	MAIL
(Business Entity Name)	<del>.</del>
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration So Division of Co			
SUBJECT: Cabinets	s of Distinction, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Randy Fors		
		Name of Person	
	Cabinets of Distinction	n. LLC	
		Firm/Company	
	184 Mary Ln		
		Address	
	Crestview, Florida	32536	
		City/State and Zip Code	···
		yfors@cox.net	
		to be used for future annual report not	ilication)
For further information of	concerning this matter, please c	all:	
Randy Fors		at (850 ) 499-1394	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
<b>⋧</b> \$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 Addres		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

LA Linear of CORPORALLIE

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Cabinets of Distinction, LLC		
( <u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/04/2004	and assigned
Florida document number L04000012473	<del>.</del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here;	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Catan nam mailing address if annicables		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	- *** <del>- **</del>
Muning university I BEAT OST OFFICE BOX	<del></del>	
B. If amending the registered agent and/or registered	d office address on our records, enter the	name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZin Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: TYBER OF COME A STATE

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Weber, Alfred Ray	2123 Home Park Trail Apt 111	🗀 Add
		Prattville, At. 36066	
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			□Add
		<del></del>	Remove
			□ Change
			□ Add
			□Remove
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			□Add
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		<del></del>	Remove
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ctive date, if other than effective date is listed, the date inserted in the date inserted in the date on the date on the date on the date of the date	e must be specific ar als block does not	id cannot be pric meet the appli	or to date of fiii icable statuto	ng or more than 9 ry filing require	(optional) 0 days after filing.) Pu ments, this date wil	irsuant to 605.0. I not be listed
ord specifies a delayed eff filed.	ective date, but no	ot an effective	time, at 12:0	l a.m. on the ea	rlier of: (b) The 9	0th day after t
d March 28th	<del></del>	. 2021	<del>9</del>			
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Filing Fee: \$25.00