

W4000072682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

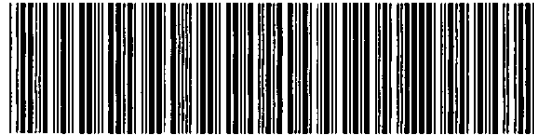
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200157026142

200157026142
06/17/09--01024--005 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 17 AM 11:21

FILED

T. CLINE

JUN 18 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHINAFCO 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:

Nicholas F. Ferrara

Name of Person

Firm/Company

115 Renaissance Drive

Address

North Palm Beach, Florida 33410-3408

City/State and Zip Code

aaacabinetco@aol.com

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

For further information concerning this matter, please call:

Nicholas F. Ferrara

Name of Person

at (**917**)

418-3433

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 17 AM 11:21

FILED

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

CHINAFCO LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 07 2004 and assigned
Florida document number L04000072682.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CABINET SUPPLY.COM, LLC

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)

24 Jan River Road

Upper Saddle River, NJ 07458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24 Jan River Road

Upper Saddle River, NJ 07458

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:

Monika Ferrara

New Registered Office Address:

115 Renaissance Drive

Enter Florida street address

North Palm Beach

, Florida

33410-3408

City

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.

Monika E. Ferrara

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>
MGR	Thomas Ferrara	24 Jan River Rd. Upper Saddle River, NJ 07458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nicholas F. Ferrara	115 Renaissance Dr. North Palm Beach, FL 33460	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Monik E. Ferrara	same as above	<input type="checkbox"/> Add <input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 17 AM 11:21
Add
Remove

FILED

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

Dated June 17, 2009

Nicholas F. Ferrara member
Signature of a member or authorized representative of a member

Nicholas F. Ferrara
Typed or printed name of signee