L04000081167

(Re	equestor's Name)	
(Ad	Idress)	
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V & V CABINETS, LLC

3930 Venetian Circle, Panama City, Fl 32405

(850) 596-2815

October 2, 2008

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

Re: V & V Cabinets, LLC (Doc# L04000081167)

To Whom it May Concern:

Please find enclosed the check for the New Article we mailed to you today. We forgot to send the check with the new article change.

If you could find the original new article papers and get this check for payment with it, we would appreciate your help.

Thank you.

Respectfully, Victor J. Cuida



COVER LETTER

Division of Co						
SUBJECT:	V & V C	ABINETS, LLC		•		
	(Name of Lin	nited Liability Company)	COPA			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	V			
Please return all corresp	condence concerning this matter	r to the following:				
		VICTOR J. CUIDA				
		(Name of Person)				
		V & V CABINETS, LLC	NAME CONTRACTOR	Ti.		
		(Firm/Company)	and a	EXTERNAL PROPERTY.		
	3	3930 VENETIAN CIRCLE				
		(Address)	2	i mari		
	P	ANAMA CITY, FL 32405	2: 23	-		
		(City/State and Zip Code)	ω			
For further information	concerning this matter, please c	all:				
VICTOR J. CUIDA		at (850) 596-2815				
	of Person)	(Area Code & Daytime 7	(elephone 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)	sed)		

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

V & V CABINETS, LLC

(Name of the Limited (A	Liability Compar Florida Limited L	iy as it now app lability Company	ears on our rec	cords.)
The Articles of Organization for this Limited Lia	ability Company	were filed on _	11/08/2004	and assigned
Florida document number <u>L04000081167</u> .	·			80 BC
This amendment is submitted to amend the follo	wing:			-3
A. If amending name, enter the new name of	the limited liabi	lity company h	<u>iere</u> :	20
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Con	npany," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	3930 VENET	IAN CIRCLE	
(Principal office address MUST BE A STREET	(ADDRESS)	PANAMA CIT	ΓY, FL 32405	
Enter new mailing address, if applicable:		3930 VENET	IAN CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)		PANAMA CITY, FL 32405		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		: .	our records	e, enter the name of the new
(Enter Florida street address)				street address)
	PANAMA CITY	(City)	, Fle	orida 32405 (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 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

Title	<u>Name</u>	•	Address	Type of Action
MGRM	VALENTIN I	R GARCIA	903 HUNTINGTON DRIVE PANAMA CITY, FL 32401	Add Remove
				Add Remove
				Add Remove
	<u> </u>			Add Remove
				A Add Rembve
			nge(s) here: (Attach additional sheets, if no	Remove
D. If an	nending any other in	formation, enter cha	nge(s) here: (Attach additional sheets, if no	cessary!)
Datad	OCTOBER 1	200	o	·
Dated	·	, <u>200</u>	Oh J. Cim	
		Signature of a mem	per or authorized representative of a member	
•		VICTOR Tvn	J CUIDA, REGISTERED AGENT ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00