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SECRETARY OF STATE
VALUATIONS OF STATE

TAN 28 2016

TO:

COVER LETTER

Registration Section Division of Corporations

Plumbline Legacy LLC

SUBJECT:	Name of Lim	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:	
	Sandra Wert-Ruiz		
		Name of Person	
	Plumbline Legacy LLC		
		Firm/Company	
	3048 W Tharpe St Suite 6		
		Address	
	Tallahassee, FL		
		City/State and Zip Code	4
•	sandrawertruiz@comcast.ne	et	2016 ALL
	E-mail address: (to be used for future annual report notificat	ion) ARE AN
For further information of	concerning this matter, please of	all:	
Sandra Wert-Ruiz		850 459-3403 at ()	
Name o	of Person		elephone Number 4:
Enclosed is a check for t	he 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

Plumbline Legacy LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 02/26/2010		and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
Casa Cabinets LLC				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if appli	cable:	2022 SE Hanford Rd		
(Principal office address MUST BE A STRE				
		Port St Lucie, FL 34952		
Enter new mailing address, if applicable:		2022 SE Hanford Rd		
(Mailing address MAY BE A POST OFFICE	EBOX)		- Project	
		Port St Lucie, FL 34952	777 350 8108	-
B. If amending the registered agent and			## JE	77
B. If amending the registered agent and registered agent and/or the new registered	Vor registered of	fice address on our rec	ords, enter	the name of the ne
		z·	T P	
Name of New Registered Agent:				
New Registered Office Address:	2022 SE Hanfo	rd Rd	22 DA	
		Enter Florida street a	ddress	
	Port St Lucie		_, Florida _ ³⁴⁹	52
		City	_,	7 in 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, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:	016		-	_ (optio	nal)	•
effective date is listed, the date must be specific and cannot be in If the date inserted in this block does not meet the a iment's effective date on the Department of State's rec	pplicable s cords.	tatutory fili	ng requirem	ents. this	date wil	ll not be liste
ecord specifies a delayed effective date, bune 90th day after the record is filed.	it not an	effective	time, at 1	.2:01 a	.m. on	the earlie
d January 22 2016						
Saulu West Signature of a member of	Brui					
Signature of a member or	authorized	representativ	e of a membe	Г		

Page 3 of 3

Filing Fee: \$25.00