

MAR 28/2017/TUE 03:10 PM

3/28/2017

FAX No.

P. 00

Division of Corporations

Florida Department of State

Division of Corporations

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASAWOOD CUSTOM CABINETRY LLC.**

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K. SALY

MAR 29 2017

MAR/28/2017/TUE 03:11 PM

FAX No.

P. 002

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 MAR 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CASAWOOD CUSTOM CABINETRY 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 09/22/2005 and assigned
Florida document number L05000093546

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	BARBARA RODRIGUEZ	7964 NW 14TH ST	<input type="checkbox"/> Add
		DORAL, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2017 MAR 8 AM 8:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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F. Effective date, if other than the date of filing: _____ (optional)

If an affidavit has been published, this date must be 7 days and cannot be prior to date of filing of record that SD now enter Rule 17. Pursuant to 605.02(1)(5)(b)

Note: If the date inscribed in this block does not meet the minimum statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Date: MARCH 22 1967

Signature and name of authorized representative of a member

ALBERTO GUBERRO

Typed or printed name of signer