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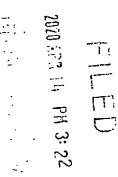
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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Amend

APR 27 7070

I ALBRITTON

COVER LETTER

TO: Registration: Division of C		
OUR IDOT	CABINETS LLC	
SUBJECT:	Name of Lin	nited Liability Company
	of Amendment and fee(s) are sub	•
Please return all corresp	pondence concerning this matter	to the following:
	DAVID G DOUGLAS	•
		Name of Person
		Firm/Company
	PO BOX 321	
		Address
	BAXLEY GA 31513	
		City/State and Zip Code
	DAVID@MATRIXCABIN	
		(to be used for future annual report notification)
For further information	concerning this matter, please of	ali:
DAVID G DOUGLAS		912 366-9300 at ()
Name	of Person	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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Box 63	327	The Centre of Tallahassee
Tallahassee	, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND THE PROPERTY OF THE PARTY O

MATRIX CABINETS 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 NOVEMBER 21, 2005 and assigned Florida document number 1.05000112387
1 torida document manuter
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:
(Muiling 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

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.

City

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>	Address	Type of Action
Treasurer	Lauren York	PO Box 321, Baxley GA 31513	= Add
			□Remove
			Change
Secretary	Andrea Hughes	PO Box 321, Baxley GA 31513	≅Add
			□Remove
			□Change
Vice Pres	Austin Hughes	PO Box 321, Baxley GA 31513	
			Петюvе
			Change
			□Add
			□Remove
			[]Renxove
			Change
			UAdd
			□Remove
			□Change

If amending any other infort	nation, enter change(s) here: (A	Attach additional sheets, if necessary.)	
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. Effective date, if other than t	the date of filing: April 1, 2020	(optional)	
	s block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be list)5.0207 (3 sted as the
the record specifies a delayed effect cord is filed.	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
April 1 Dated	2020		
//	1:240		
	Signature of a member or authorize	ed representative of a member	
DAVID G DOUGLA	45		

Filing Fee: \$25.00