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07/27/11--01022--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Cabinet Shop 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:	
Christopher M. Duke Name of Person	
Firm/Company	
1097 b North Beal Parkway	
Fort Walton Beach / Ft / 32547 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christophe Direc at (850) 420 - 9560 Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee \$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL 27 PH 12: 84

Name of the Limited L	iability Compan lorida Limited L	y as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on	5/2006	and assigned
Florida document number LOL 05000 88	. 181			
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:	697 b 1	Jurtin Beal	Parhury
(Principal office address MUST BE A STREET	ADDRESS)	Fort Walton	Beach, F	1 32547
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Ourstop	ve Dine		
New Registered Office Address:	697 b	NoxHN Bool Enter F	Por Huxu Torida street addi	ress
,	Fort Wall	TUN BOOK	, Florida	32547 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 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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Steve M. Babula	306 S.E. Hollywood Blud FI. Walon Beh, Fl 32548	Add Remove
MGRM	Turing M. Babula	304 SE. Hollywood Blud FI. Walten Billy FC 32548	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
	ary Herodon is to be re		SECRETA DIVISION O 11 JUL
Dated	Signature of a member	r or authorized representative of a member	FILED STATE OR STATE CORPORATIONS

Page 2 of 2

Filing Fee: \$25.00