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E8/20/24

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	nes Cabinetry, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Katherine X. Wilborn, CP	A	
		Name of Person	
	Katherine X. Wilborn, CP	A	
	- ,	Firm/Company	
	6012 Tippin Ave		. ,
		Address	
	Pensacola, FL 32504		
		City/State and Zip Code	
	kx@kxcpa.com		= ± ±
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	ej le
Justin Tocnes		850 698-3312	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Justin Toenes Cabinetry, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 08/21/2006	and assigned
lorida document number L06000082719		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Go Cabinet Pro, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	8137 Mobile Hwy	· · ·
Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32526	: :
		: :
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		n: ४ ⁻
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Eng. 19	
	Enter Florida street addre.	SS
	, FI	lorida
	Cui,	ap coae

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.

Zip Code

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
AMBR	Justin Toenes	8137 Mobile Hwy	□ Add
		Pensacola, FL 32526	□Remove
 -		·	□Add
			□Remove
			□ Change
			🗆 Add
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n effective date is l te: If the date is	other than the date of listed, the date must be speci nserted in this block does we date on the Departme	ecific and cannot be prior to dates not meet the applicable.	te of filing or more than 90 days	optional) sufter filing.) Pursuant to 605.02 s, this date will not be listed a
ecord specifies a is filed.	delayed effective date.	but not an effective time, a	nt 12:01 a.m. on the earlier o	of: (b) The 90th day after th
ted Ang	ust /3		representative of a member	
	firstin of or	ire of a member or authorized	representative of a member	